

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33957**
Registrar's No. **8654**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **2215 a Carr st.**
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **William Elliott**

8. (b) If veteran, name war **No.** 3. (c) Social Security No. **Uknow**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Helen Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Glass cutter**

11. Industry or business **----**

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loretta Thomas**

(b) Address **2435 Dickson**

17. (a) **Burial** (b) Date thereof **Oct. 21, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Dement & Son**

(b) Address **2629-31 Wash st.**

19. (a) **OCT 21 1940** (b) **J. F. Baker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **21**
(If outside city or town limit, write "RURAL")
(d) Street No. **2215 Carr st.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18**
year **1940** hour **10:00** minute **3:45** M. **P.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Apoplexy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (Means of injury)

23. Signature **Chas. J. Perry** (M. D. or other) **5**

Address **Jefferson** Date signed **10/21/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

L. B. Boykin
J. Murphy
L. B. Boykin
Licensed Embalmer No. 2946

P. O. Address St. Louis 978

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.