

No. 2
1-10-39
17-39
X214

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 85

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community over 15 hours
years, months or days

3. (a) PRINT FULL NAME Baby Elders

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 5, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 15 hours

9. Birthplace St. Louis Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ronald Elders

13. Birthplace Bonne Terre Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jackson

15. Birthplace Jarrington Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Miss M. Weber

(b) Address 4518 Washington Bl.

17. (a) Burial (b) Date of July 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jarrington Mo

18. (a) Signature of funeral director Char. G. Bull

(b) Address 4452 Washington Bl. D 44

19. (a) JAN 6 1941 (b) J. P. Budick
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson MOO

(c) City or town Crystal City N.R. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 700 Broadway 9
(If rural, give location) 0

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1941 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 6 1941
to Jan 6 1941;
that I last saw him alive on Jan 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage
new born

Due to _____

Due to 1600

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) (e) Means of injury 0

23. Signature T. J. K. [unclear] (M. D. or other) _____
Address 1450 3rd Washington Date signed 1/6/41

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

John Luther

Licensed Embalmer No.

3880

P. O. Address

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.