

LED MAR 25 1947 91

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

Registrar's No. **1414**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1902a Victor Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ELIZABETH ELLIOTT

3. (b) If veteran, name war none 3. (c) Social Security No. none

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 February 4, 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months 0 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Charlotte, No Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Harris Teachers College

12. Name George A. Elliott

13. Birthplace Sedalia, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anola Skinner

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

16. (a) Informant Mrs Anola Elliott

(b) Address 1902a Victor Street

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Sum Get

18. (a) Signature of funeral director D. W. McLaughlin

(b) Address 230 1/2 Lafayette Ave

19. (a) **FEB 13 1941** (b) J. H. Bredecker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1941 hour 11 minute 15 AM

21. I hereby certify that I attended the deceased from Feb 10 1941 to Feb 12 1941;
that I last saw her alive on Feb 12 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Toxic Eczema Operative
Relapse of Bronchitis
Due to Toxic Eczema
Due to _____

Duration
1 day
1 day
2 yrs

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

Major findings: Toxic Eczema
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature Edmund Brunst (M. D. or other) Dr. Brunst
Address 1524 Re Grand Date signed 2-12-41

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

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. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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, fact should be so stated above.