

No. 2
4-13-40
5-17-39
PI X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12472**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2902**

1. PLACE OF DEATH:

(a) County.....

(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:
Missouri Baptist Hospital **0**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **000**

(c) City or town. **St. Louis** **17**
(If outside city or town limits, write "RURAL"). **18 9**

(d) Street No. **4525 Arco**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **William D. Elmore, Sr.**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **488-18-6222**

4. Sex **Male** **0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Elmore** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **December 5, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	26	hr. _____ min.

9. Birthplace **Iowa** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business **Ludlow Saylor**

12. Name **Thomas Elmore**

13. Birthplace **England** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Black**

15. Birthplace **Unknown** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **William D. Elmore, Jr.**

(b) Address **4525 Arco**

17. (a) **Burial** (b) Date thereof **4/4/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Edith E. Ambruster**

(b) Address **4234 Manchester**

19. (a) **APR - 2 1941** (b) **J. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1** year **1941** hour **11.00** A.M. minute..... M.

21. I hereby certify that I attended the deceased from **11 P.M. March 30, 1941** to **April 1, 1941** that I last saw him alive on **April 1, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumococcus Meningitis** **2 days**

Due to **Otitis Media**

Due to.....

Other conditions (include pregnancy within 3 months of death) **OT**

Major findings: 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 **Leland B. Alfred** (M. D. or other) **D**

Address **University Club Bldg** Date signed **April 2, 1941**

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

1947

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: *Henry Eymck*

Licensed Embalmer No. *7284*

P. O. Address *St. Louis Mo.*

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.