

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33108
8062
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12
(Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Truisten Polk Elkins

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

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

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

7. Birth date of deceased October 19 1959
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired
11. Industry or business Conductor

MOTHER FATHER { 12. Name William Elkins
13. Birthplace Tennessee
(State or foreign country)
14. Maiden name Palma Godby
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Polk Elkins
(b) Address 3915 DeTonty St

17. (a) Burial (b) Date thereof Oct 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette

19. (a) ULI 9 1941 (b) J. F. Probeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3915 DeTonty St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day October
year 1941 hour 7:35 minute A. M.

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 _____
Fracture of the right femur
Infection of surgical wound
Chronic Interstitial Nephritis
when he tripped over a step
in location at 18th and Olive Sts
about 3:15 pm Sept 25/41

Duration

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

Major findings: fla
Of operation _____
Of autopsy 39

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) Accident
(b) Date of occurrence Sept 25 - 11 000
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)
While at work? _____ (e) Means of injury 3

23. Signature Thomas F. Gallarano (Date) 10/7/41
Address Deputy Coroner Date signed _____

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 Frank J. Owens

Licensed Embalmer No. 3245

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.