

Registration District No. **784**

Primary Registration District No. **106**

Registrar's No. **2286**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Kirkwood**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Scudder Nursing Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 years**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**  
(c) City or town **Webster Groves**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **220 Pasadena**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

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

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

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

6. (b) Name of husband or wife **Charles Elliott** 6. (c) Age of husband or wife if alive **1851** years

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

8. AGE: Years **90** Months Days If less than one day hr. min.

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

10. Usual occupation **Invalid**

11. Industry or business

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

14. Maiden name **#**  
15. Birthplace **#** (City, town, or county) (State or foreign country)

16. (a) Informant **Chas M Baker**

(b) Address **165 N Old Orchard Ave**

17. (a) **Cremation** (b) Date thereof **Nov. 13, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Matthew General Home**

(b) Address **Kirkwood Mo**

19. (a) **NOV 12 1941** (Date received local registrar) (b) **S. Mc Lavin** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **12** year **1941** hour **12:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **1936**, 19 to **Nov 13th**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Paralyzing stroke**

Due to

Due to **87c**

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations

Of autopsy **none**

Duration

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 **Walter S. Smith** (M. D. or other) Address **Webster Groves** Date signed **11-12-41**

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

MOTHER FATHER

96  
A  
g

96  
7  
4

701

---

---

**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**