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4245

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1801

FILED MAR 17 1942

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 23/1
(d) Street No. 1109 Emmet Street (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 8
If yes, name country _____

3. (a) PRINT FULL NAME ELMER JOSEPH DAY

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

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

6. (b) Name of husband or wife Willie 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February 18, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 0 7 hr. min.

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

10. Usual occupation Grinder

11. Industry or business Mid-West Pipe Co.

12. Name Henry Day

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

14. Maiden name unknown

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

16. (a) Informant Henry Day (Son)

(b) Address 1719 So. 12th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ellsinore, Missouri

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) FEB 27 1942 (Date received local registrar) J. F. Brudner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1942 hour 7:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Coronary Sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____
Of autopsy _____

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 Perry (M. D. or other) _____
Address _____ Date signed 2/27/42

(Licensed Embalmer's Statement on Reverse Side)

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

4-20

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. *5633*
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.