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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16114

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 4809

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

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: 775 Goodfellow Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: Abt. 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 775 Goodfellow
(If rural, give location)

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

3. (a) PRINT FULL NAME: Charles Robert Elliott

3. (b) If veteran, name war: none

3. (c) Social Security No. 491-14-9515

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Elizabeth Anderson Elliott

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Sept 18, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	13	hr. min.

9. Birthplace: Olney (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Sec'y Johnson Inc

11. Industry or business: Printing

FATHER
12. Name: Unknown
13. Birthplace: South Carolina (?) (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Elliott
(b) Address: 775 Goodfellow Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lake Charles

18. (a) Signature of funeral director: Mayer
(b) Address: 4356 Lindell Blvd

19. (a) JUN 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 1P minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 7 1941 to May 31 1942; that I last saw him alive on May 31 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia — Duration

Due to: Cerebral hemorrhage

Due to: Hypertension due to arteriosclerosis

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: (M. D. or other)
Address: Date signed June 1, 42

874 (Licensed Embalmer's Statement on Reverse Side)

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. 3575

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.