

FILED JUL 3 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5720**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
 (c) Name of hospital or institution **Homer G. Phillips Hospital**
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution. **4 Hrs. 03 Min.**
 In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Illinois** (b) County **949**
 (c) City or town **St. Louis E. St. Louis** (If outside city or town limits, write "RURAL")
 (d) Street No. **1843 Lake, East St. Louis, Ill** (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **2**

3. (a) PRINT FULL NAME **Aloma Marie Elliott**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **June 1 1943**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 03 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name **Ruth Lee Elliott**

15. Birthplace **St. Louis, Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Father M. Sherard R.R.**

(b) Address **2601 N. Whittier St.**

17. (a) **Burial** (b) Date thereof **JUN 24 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **H. Merschman**

(b) Address **City Health Dept**

19. (a) **23** (b) **J. T. Brudick**
 (Date of final local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**
 year **1943** hour **11** minute **25** a. M.

21. I hereby certify that I attended the deceased from **6-1**
 19 **43** to **6-1** 19 **43**
 that I last saw **her** alive on **6-1** 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to **Unknown**

Due to **Unknown**

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

Major findings: Of operations _____

Of autopsy **As Above**

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) (Means of injury)

23. Signature **J. T. Brudick** (M. D. or other) _____

Address **2601 N. Whittier** Date signed **6-22-43**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.