

**FILED JUN 30 1943 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **31 Days**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **George Elliot**

**3. (b) If veteran, name war** **World War # 1**

**3. (c) Social Security No.** **92-05-4935**

**4. Sex** **Male**

**5. Color or race** **White**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Jeanette Elliot**

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **May 3rd 1896**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
47	1	14	hr. _____ min.

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

**10. Usual occupation** **Accountant**

**11. Industry or business** **Anheuser Busch Co.**

**12. Name** **Edgar A. Elliot**

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

**14. Maiden name** **Etta M. Sterling**

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

**16. (a) Informant** **Jeanette M. Elliot**

**(b) Address** **5819 Lindenwood Ave.**

**17. (a) Removal** **6-19-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Vincennes Indiana**

**18. (a) Signature of funeral director** **Kriegshauser Mortuaries**

**(b) Address** **4228 So. Kingshighway Blvd.**

**19. (a) JUN 18 1943** **J. F. Budick**  
(Date received local registrar) (Registrar's signature)

**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. **5819 Lindenwood Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **17**, year **1943** hour **3:50** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **May 18, 1943**, to **June 17, 1943**, that I last saw him alive on **June 17, 1943** and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Gastric Hemorrhage**

**Due to** **Ulcer in the Pyloric part of the Stomach**

**Due to** \_\_\_\_\_

**Other conditions** **Manic State**  
(Include pregnancy within 3 months of death)  
**Chronic Alcoholism**

**Major findings:**  
 Of operations \_\_\_\_\_

**Of autopsy** **Ulcer of Pylorus**

**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? \_\_\_\_\_

**23. Signature** **W. H. Wade**  
(Specify type of plant) (e) Nature of injury  
 Address **1515 Lafayette Ave.** Date signed **6/18/43**

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

**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 *Clavin N. McReynolds* **JUL 3 1943**

Licensed Embalmer No. *3024*

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.**