

Registration District No.

317

Primary Registration District No.

3063

Registrar's No.

1928

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Allenton
(If outside city or town limits, write "RURAL")
(d) Street No. --
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME GEORGE ELLIOTT

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Liza Elliott 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 12 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1943 hour 8 minute 55 p. M.

21. I hereby certify that I attended the deceased from Aug 8, 1943
19 Aug 24, 1943;
that I last saw him alive on Aug 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
decompensation

Due to Myocarditis
Esophagitis

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

Major findings:
Of operations _____
Of autopsy Asst

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 _____

28. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed [Date]

MOTHER FATHER

10. Usual occupation Laborer
11. Industry or business Gen'l. Labor
12. Name Ben Elliott
13. Birthplace Caroline
(City, town, or county) (State or foreign country)
14. Maiden name Fatima Stewart
15. Birthplace Caroline
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address Pacific, Mo.

17. (a) Burial (b) Date thereof 8-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allenton, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Pacific, Mo.

19. (a) AUG 27 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Jno. L. Hughes

Licensed Embalmer No. *3008*

P. O. Address. *Pacific Mo*

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, above space should be left blank.