

FILED DEC 13 1943
 Registration District No. **318**

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:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location) **0**
 (d) Length of stay: In hospital or institution **22 days**
 In this community **5 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis,**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2742 Walnut**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **James Elliott**

3. (b) If veteran, name war _____ **3. (c) Social Security No.** **280-03-278**

4. Sex **MALE** **5. Color or race** **Ne. Cr.** **6. (a) Single, widowed, married, divorced** **Single**

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

7. Birth date of deceased **4 19 1898**
 (Month) (Day) (Year)

8. AGE: Years **45** Months **7** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Camden Ark.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Joseph Elliott**

13. Birthplace **Jine Bluff Ark.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth T. Decker**

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

16. (a) Informant **Messie Greenlee**

(b) Address **2712 Walnut St**

17. (a) Cause _____ **(b) Date thereof** **12 3 43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **Charles B. Bunker Howell**

(b) Address **2824 Gambelle St.**

19. (a) DEC 3 1943 **J. F. Bedeck**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **27**, year **1943** hour **5** minute **43 A. M.**

21. I hereby certify that I attended the deceased from **November 5, 1943 to November 27, 1943**
 that I last saw him **in** alive on **November 27, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**
 Duration **Unk.**

Due to _____
 Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **H. J. Erwin** (M. D. or other) **12/4/43**
 Address **2601 Whittier** Date signed _____

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. 9

working under my personal supervision.

Signed Chas. L. Hawes

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.