S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29584

State File No.

FILED OCT 6 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8332

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1943 Gay Ave., 2/0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lulu Mcelrath

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

4. Sex Female 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jasper Mcelrath 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 15 (Day) 1892 (Year)

8. AGE: Years 52 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Birmingham (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jasper Mcelrath
(b) Address 1943 Gay Ave., St. Louis

17. (a) Removal E. St. (Burial, cremation, or removal) (b) Date thereof 9/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation Booker Washington

18. (c) Signature of funeral director R. J. Nash
(b) Address 111 N. 13th St.

19. (a) SEP 30 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/27.44 day year hour 5.15 minute a. M.

21. I hereby certify that I attended the deceased from 9.10. 1944 to 9.27. 1944 that I last saw her alive on 9.27. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pocarditis 93a — Duration 3 wks.

Due to

Due to

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 0

23. Signature W. E. Ford (M. D. or other)

Address 1421 Kansas Date signed 9-27-44

(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

3 & 4 Page, Registered Apprentice No.

working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 711 N. 13th

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.