

FILED NOV 10 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9402

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

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: De Paul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ?  
(Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Hugh Elder

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 Widowed

6. (b) Name of husband or wife Maude Y. Elder

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

7. Birth date of deceased December 9, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|    |    |    |     |      |
|----|----|----|-----|------|
| 64 | 10 | 23 | hr. | min. |
|----|----|----|-----|------|

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

10. Usual occupation Retired - Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Elder

13. Birthplace Aberdeen, Sootland  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Meldrum

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

16. (a) Informant David H. Elder

(b) Address 2827 Arlington Ave.

17. (a) Burial (b) Date thereof Nov. 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin E. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 6 1944 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. L.ouis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5047 A rlington Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1944 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from Oct 16, 1944 to Nov 7

that I last saw him alive on Nov 7 and that death occurred on the date and hour stated above.

Immediate cause of death: mesenteric hemorrhage from sclerotic vessel

Due to 52

Other conditions Carcinoma of urinary bladder  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of urinary bladder

Of operations mesenteric hemorrhage

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Paul D. Levard (M. D. or other) \_\_\_\_\_

Address 812 Olive St. Date signed 11/3/44

**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 John A. Melman

Licensed Embalmer No. 4186

P. O. Address St. Louis, 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, fact should be so stated above.**