

FILED NOV 30 1944
Registration District No.

Primary Registration District No. 100

Registrar's No. 9810

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(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)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community 3 years

3. (a) PRINT FULL NAME James Elkin
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May 28, 1931
(Month) (Day) (Year)

8. AGE: Years 13 Months 5 Days 20
If less than one day hr. min.

9. Birthplace Carrollton, Miss State Miss
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name James Elkin Sr.
13. Birthplace Tupelo Miss. State Miss
(City, town, or county) (State or foreign country)
14. Maiden name Wella Blackman
15. Birthplace Carrollton, Miss. State Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Wella Elkin
(b) Address 1739 N. 9th St.

17. (a) Burial (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Miss.

18. (a) Signature of funeral director Manuel
(b) Address 4059 Finney Ave.

19. (a) NOV 20 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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. 1739 N. 9th
(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 18,
year 1944 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from November 8,
1944 to November 18, 1944
that I last saw him alive on November 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Fever - acute
Duration Unk.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 58

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Alva Mason (M. D. or other)
Address 2601 N. Wheeler Date signed 11/21/44

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No. *2114*.....

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.