

FILED DEC 9 1944 318

Primary Registration District No.

100E

Registrar's No.

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:
5138^a Page
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 4 1/2 yrs.
years, months or days)

3. (a) PRINT FULL NAME George Joseph Elliott

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Name of husband or wife Mary 6. (c) Age of husband or wife if alive 65 years
8. Birth date of deceased November 29 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Essex England
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

MOTHER FATHER 11. Industry or business

12. Name George Elliott
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Elliott
(b) Address 5138^a Page

17. (a) Burial (b) Date thereof 11-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Rowlend Mortuary Svc

(b) Address 4355 Washington

19. (a) NOV 29 1944 J. J. Briscoe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5138^a Page
(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 27
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 1942 to Nov. 27, 1944;
that I last saw him alive on Nov. 27, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver Duration 2 years

Due to 122

Due to _____

Other conditions Large ventral protuberance
(Include pregnancy within 6 months of death)

Major findings: hemia
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 John Everett (M. D. or other) MD.
Address 4129 Washington Bl. Date signed 11-28-44

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 Ketter

Licensed Embalmer No. *3880*

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.