S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11196

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3727

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: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Puxico 103 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) NR

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

If yes, name country _____

3. (a) PRINT FULL NAME Ethelbert L. Elmore

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Elmore

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 15 (Day) 1873 (Year)

8. AGE: Years 71 | Months 9 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Chestnut Bluff (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

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

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

16. (a) Informant Ethelbert L. Elmore, Jr.

(b) Address 7337 Burrwood Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Puxico, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1945 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from April 22, 1945, to April 24, 1945; that I last saw him alive on Apr 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of liver — Duration ?

Due to Ca of pancreas - Primary — Duration ?

Due to _____

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

Major findings: Of operations None

Of autopsy None

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 _____

23. Signature Roland Steffen (M. D. or other)

Address 4500 Olive Date signed 4/25/45

(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.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1861

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.