

FILED AUG 11 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

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:
2337a Market Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

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. 2337a Market St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jake Elliott

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married. Married

6. (b) Name of husband or wife Mary Elliott 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. JAN. 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 25 hr. min.

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

10. Usual occupation Barber

11. Industry or business None

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary Elliott
(b) Address 2337a Market Street.

17. (a) Burial (b) Date thereof 8-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. B. Rance
(b) Address 1221 North Grand Blvd.

19. (a) AUG 2 1945 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th,
year 1945 hour 10 minute 30 PM

21. I hereby certify that I attended the deceased from March 19 1945 to July 26th, 1945
and that death occurred on the date and hour stated above.
that I last saw him alive on July 25th, 1945

Immediate cause of death Mitral Incompetency Duration 7 yrs

Due to NEPHRITIS 4 yrs

Due to HYPERTENSION

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

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 J. F. Braddock (M. D. or other)
Address 302 1/2 Jefferson Date signed 7/27/45

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

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..... *H. Claude Gordon*.....
Licensed Embalmer No..... *3489*.....
P. O. Address..... *4575 Aldine*.....

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.