

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 1 1945
Registration District No. SEP 1 1945

Primary Registration District No. 1003

Registrar's No. 7282

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Sagamon

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

(d) Street No. 2168 S. Renfro
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Elliott

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1945 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from July 17
1945, to Aug. 19 1945

that I last saw him alive on Aug. 19
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruth Elliott

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March 25 1909
(Month) (Day) (Year)

Immediate cause of death
Disruption of coronoid
* shock

Due to gastroenterostomy
done Aug. 9, 1945

Due to duodenal ulcers

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

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>4</u>	<u>24</u>	hr. min.

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name James Elliott

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

14. Maiden name Margaret Bremner

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

Major findings: duodenal ulcers
(clear damage)

Of operations _____

Of autopsy no specific findings

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ruth Elliott

(b) Address Springfield, Ill.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 8-20-45
(Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Ill.

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? _____

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

(b) Address 4700 Washington Blvd.

19. (a) AUG 20 1945 (Date received local registrar)

J. F. Bredack (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature D. H. Williams (M. D. or other)

Address 827-31 W. Municipal Date signed 8-20-45
Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Sadwell
Licensed Embalmer No. 4077
P. O. Address St. Louis

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.