

S. No. 2  
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K47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 4 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34611

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 3194

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Univer Clayton, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Res: - 7908 Bonhomme Road.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 91  
(c) City or town Clayton, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7908 Bonhomme Road.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: JOHN HENRY ELLIOTT.

3. (b) If veteran, name war W.W. #1. 3. (c) Social Security No. 721-03-0867

4. Sex Male. 5. Color or race white. 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Elizabeth Elliott. 6. (c) Age of husband or wife if alive 60. years  
7. Birth date of deceased Sep't 27, 1866.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80. 1. 2. hr. min.

9. Birthplace Chatam, New York.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.. Labor Board.

11. Industry or business \_\_\_\_\_

12. Name John H. Elliott.

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

14. Maiden name Susan Geary.

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

16. (a) Informant Mrs Elizabeth Elliott.

(b) Address 7908 Bonhomme Road.

17. (a) cremated. (b) Date thereof 11/1/46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Crematory.

18. (a) Signature of funeral director: C.R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.

19. (a) 10-30-46 (b) Ante Allen  
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th,  
year 1946. hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from  
Mar 4 1942 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on Oct 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral hemorrhage  
(Right hemiplegia)  
Due to arterial hypertension  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

3/4/42

PHYSICIAN

Major findings:  
Of operations None  
Of autopsy None  
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 Poland Steffer (M. D. or other) \_\_\_\_\_  
Address 4500 Olive Date signed 10/30/46

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

MOTHER FATHER

JAN 20 1945

Dr Roland S. Kieffer.  
14500 Olive Street.  
FO: 3800.  
Hrs: - 1 - 3 P.M.

NOV 19 1944

NOV 22 1944

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.