S. No. 2
—12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2442

Registration District No. 316 Primary Registration District No. 1003 Registrar's No. 653

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: 2623 ST. VINCENT AV. (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 DEACEASED:

(a) State Mo. (b) County 2317
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2623 ST. VINCENT AV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH T. ELLIOTT
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY ELLIOTT.
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased MAY (Month) 31 (Day) 1854 (Year)
8. AGE: Years 92 Months 7 Days 18 If less than one day hr. min.
9. Birthplace MARYLAND. (City, town, or county) (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER 12. Name JAMES ELLIOTT. 4
13. Birthplace ENGLAND. 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name JANE UNK
15. Birthplace ENGLAND 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary Elliott
(b) Address 2623 St. Vincent
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 22-47 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK AV
18. (a) Signature of funeral director E. J. Schnure
(b) Address 3125 Lafayette Av
19. (a) JAN 20 1947 (Date received local registrar) (b) J. F. Brescia (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1947 hour 4 minute 40 A. M.
21. I hereby certify that I attended the deceased from 10/1 1946 to Jan 19th 1947 that I last saw him alive on Jan 19th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration 6 da
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): GH
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. Franklin (M. D. or other)
Address 1514 S. Jefferson Ave Date signed 1/20/47

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.