

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 9 1947

318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15374
4297
Registrar's No.

Registration District No.

Primary Registration District No. 1003

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: St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether _____)
 In this community 6 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 12 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 412 N. Union Blvd. 7
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME George H. McElvain

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 4 1871
 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Dont Know Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Fruit Grower

11. Industry or business _____

12. Name James McElvain

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

14. Maiden name Elizabeth Carter
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs. F. E. Pain

(b) Address 412 N. Union Blvd.

17. (a) Removal (b) Date thereof 4-27-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denver Colorado

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) APR 27 1947 (b) J. J. Bredeh
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th 26th
 year 1947 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Apr. 23, 1947 to Apr. 26, 1947;
 that I last saw him alive on Apr. 26, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 5 days

Due to Atherosclerosis

Due to _____

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

Major findings: None

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) None

(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 R. V. Purcell (M. D. _____)

Address 3720 Washington Date signed 4-27-47

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 W. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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, above space should be left blank.