

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14047
State File No. _____
Registrar's No. **3992**

Registration District No. **318** Primary Registration District No. **1003**

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

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:
Homer G Phillips Hospital **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 days** (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **William Elder**
3. (b) If veteran, _____ **3. (c) Social Security No.** _____
name war _____

4. Sex **M** **2** **5. Color or race** **col.** **6. (a) Single, widowed, married,** _____
divorced **5** **0**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ **years** _____
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **About 55** Months _____ Days _____ If less than one day _____
hr. _____ min. _____

9. Birthplace **Washington, Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER, FATHER { **12. Name** **John Elder**
13. Birthplace **unknown Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Bradford**

(b) Address **6153 Burtin**

17. (a) Burial **(b) Date thereof** **4-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. B. Neal and**

(b) Address **4303 Belmont**

19. (a) APR 26 1948 **J. F. Bradford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4371 Fairfax** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **23**
year **1948** hour **7** minute **20** a. M.
21. I hereby certify that I attended the deceased from
Mar. 29, 19 **48** to **April 23**, 19 **48**
that I last saw him **im** alive on **April 23**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Old Hemiplegia **Undet.**
Pyelonephritis Non-calculous
Due to _____
Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **Yes**
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) Means of injury **0**
23. Signature **Dr. J. Daniels** (M. D. or other) _____
Address **2601 N Whittier** Date signed **4/24-48**

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 Vara Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 2618 Bellefontaine

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.