FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 20836

Registrar's No. 5683

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: 2506a N. Vandeventer Ave.
(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: 1003

(a) State Missouri (b) County St. Louis 60

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2506 A. No. Vandeventer Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 11 0

If yes, name country

3. (a) PRINT FULL NAME Floyd A. Elliott Sr.

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 11 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	11	hr. min.

9. Birthplace Brighton (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Paperhanger

11. Industry or business

FATHER
12. Name Frank Elliott
13. Birthplace Unk (City, town, or county) Unk (State or foreign country) 9

MOTHER
14. Maiden name Ruth Roberts
15. Birthplace Unk (City, town, or county) Unk (State or foreign country) 9

16. (a) Informant Amy Elliot
(b) Address 2506a N. Vandeventer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Jos. J. Quinn
(b) Address 1389 Union Blvd.

19. (a) JUN 24 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 17 1948 to June 22, 1948
that I last saw him alive on June 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to 93

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 J. J. Vogard (M. D. or other)
Address 7807 N. Broad Date signed 6/23/48

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

Jefferson City Printing Co.

(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 Gerald O Yahnke

Licensed Embalmer No. 3917

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.