

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

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 60 Yrs.
years, months or days)

**3. (a) PRINT
FULL NAME**

MARY ELLIOTT

3. (b) If veteran, name war NONE
3. (c) Social Security No. 494-01-5916A
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife GEORGE ELLIOTT 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased JULY (Month) 22 (Day) 1875 (Year)

- | | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| 73 | 1 | 6 | | hr. min. |

9. Birthplace Forres SCOTLAND
(City, town, or county) (State or foreign country)

10. Usual occupation WAITRESS

11. Industry or business

12. Name. JAMES TULLOCK
13. Birthplace. SCOTLAND (City, town, or county) (State or foreign country)
14. Maiden name. FLORA WINK
15. Birthplace. SCOTLAND (City, town, or county) (State or foreign country)

16. (a) Informant VIRGINIA MURPHY
RR #2 ELIZABETH MO

- (b) Address A.A. 37121/25-AR 1, 1, 10.
 (c) BURIAL (b) Date thereof Aug 31 48

11. (a) (Burial, cremation, or removal) (b) DATE (Month) (Day) (Year)
CALVARY CEM.

18. (a) Signature of funeral director Colliers F. Home

- (b) Address 10123 ST. CHARLES ROAD

19. (a) AUG 30 1948 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County BOO
- (c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
- rkloff
(d) Street No. 5138 PAGE 9
Memorial (If rural, give location) 6
- (e) Citizen of foreign country? NO (Yes or No) 5
- If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28th
year 1948 hour 9 minute 15A M.

21. I hereby certify that I attended the deceased from 8/25/48
19 to Aug. 28th 1948

that I last saw h er alive on Aug.
and that death occurred on the date and hour stated above.

Immediate cause of death: Exhaustion

of myocardium due to
coronary arteriosclerosis

Due to 7 94th

Other conditions Arteriosclerosis, general
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? _____
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
- (City or town) (County) (State)

While at work?..... (Specify type of place)
(c) Means of injury

23. Signature *J. H. S. [illegible]* (M.D. or other) _____
Address 1515 Lafayette Date signed 8/28/48

(Licensed Embalmer's Statement on Reverse Side)

18

Embalmer's Separate Cert to be filed AUG 35

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.

[Signature]

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.