S. No. 300
M—10-47
v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 3747

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35094

Primary Registration District No. 6076

Registrar's No. 2534

96
0
0

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

1. PLACE OF DEATH:

(a) County Jefferson Barracks 23, Missouri

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Vet. Adm. Hosp., Jeff. Brks., Mo. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since (Specify whether
In this community May 28, 1948
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Hancock 97

(c) City or town Hamilton 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME ELSTON, EDWIN LEFLER

3. (b) If veteran, name war World War II

3. (c) Social Security No. 325-18-6490

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec. 9, 1925
(Month) (Day) (Year)

8. AGE: Years 22 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Toledo (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Student

11. Industry or business None

FATHER
12. Name James A. Elston
13. Birthplace (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Bessie Leffler
15. Birthplace (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Clinical Director

(b) Address Vet. Adm. Hosp., Jeff. Brks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/31/48 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem. Hamilton Ill

18. (a) Signature of funeral director [illegible]

(b) Address Kirkwood Iowa

19. (a) 11-3-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1948 hour 9:03 minute A M.

21. I hereby certify that I attended the deceased from May 28, 1948 to Oct. 31, 1948
that I last saw him alive on Oct. 31, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Glomerular Nephritis, with Uremia	1 Yr.
Due to	
Due to 131 b	
Other conditions (Include pregnancy within 3 months of death)	

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 0

23. Signature [illegible] (M. D. ~~or other~~)

Address Vet. Adm. Hosp., Jeff. Brks. Mo. Date signed 10/31/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed~~ will be Embalmed by me by me, or by G. W. De Jong after getting to my establishment at Keokuk, Iowa, Registered Apprentice No. ....., working under my personal supervision.

Signed George W. De Jong

Licensed Embalmer No. F 4519

P. O. Address Keokuk, Iowa

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.