

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 23 1949

|  |                               |   |                                     |   |   |  |  |
|--|-------------------------------|---|-------------------------------------|---|---|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>318</b>   |                                     | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>1260</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |   |                                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO.</b> b. COUNTY _____ |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |                               | c. LENGTH OF STAY (In this place)<br><b>71</b>  |                                     | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis, Mo.</b>                                 |   | <b>17</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>City Hospital</b>  |                               |   |                                     | d. STREET ADDRESS (If rural, give location)<br><b>6800 Arsenal St.</b>  |   |  |  |
| 3. NAME OF DECEASED<br>a. (First) <b>John</b> (Middle) _____ c. (Last) <b>McElroy</b>  |                               |   |                                     | 4. DATE OF DEATH (Month) <b>Feb.</b> (Day) <b>6</b> (Year) <b>1949</b>  |   |  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   | 8. DATE OF BIRTH <b>May 2, 1880</b> |   | 9. AGE (In years last birthday) <b>68</b> | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 48 HRS. Hour _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Odd jobs</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>   |                                     | 11. BIRTHPLACE (State or foreign country)<br><b>Chesterfield Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>0</b>                                       |  |
| 13a. FATHER'S NAME<br><b>John McElroy</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |                                     | 14. NAME OF HUSBAND OR WIFE   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO. _____   |                                     | 17. INFORMANT'S SIGNATURE OR NAME<br><b>John McElroy</b>  |   | ADDRESS<br><b>Gilbert</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.            |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sudural Hemorrhage</b><br>ANTECEDENT CAUSES <b>Lobar Pneumonia; suffered when deceased jumped from 3rd story window, at City</b><br>DUE TO (b) _____<br>DUE TO (c) <b>Infirmary on Jan 27 1949</b><br>II. OTHER SIGNIFICANT CONDITIONS <b>admit 7:40 pm while suffering from temporary mental aberration</b> |                                     |   |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION<br><b>Suicide</b>  |                                     |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>       |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>City Infirmary</b>  |                                     | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Louis Mo</b>  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 27 49 7:40 p.m.</b>   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                     | 21f. HOW DID INJURY OCCUR?<br><b>Gun</b>  |   |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00 P.m.</b> , from the causes and on the date stated above. |                               |   |                                     |   |   |  |  |
| 23a. SIGNATURE<br><b>Patrick E. Taylor Coroner</b>   |                               |   |                                     | 23b. ADDRESS<br><b>1300 Clark</b>   |   | 23c. DATE SIGNED<br><b>2-9-49</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Crementation</b>   |                               | 24b. DATE<br><b>Feb. 10, 1949</b>   |                                     | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Velhells</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County</b>       |  |
| DATE REC'D BY LOCAL REG.<br><b>FEB 9 1949</b>  |                               | REGISTRAR'S SIGNATURE<br><b>J. B. Susater</b>   |                                     | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Joseph J. Quinn</b>  |   | ADDRESS<br><b>1339 Union Bl</b>  |  |

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

*Handwritten mark*

**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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Gerald Yuhke*

Licensed Embalmer No. *2917*

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.