No. 300
10-48

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23907

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 48

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1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (in this place): 4 yrs. 3½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hill Inf. Eureka Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
d. STREET ADDRESS (If rural, give location): 615 Forest

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3. NAME OF DECEASED (Type or Print): a. (First) Elliott b. (Middle) W. c. (Last) MAJOR

4. DATE OF DEATH (Month) (Day) (Year): July 9 1949

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED **8. DATE OF BIRTH:** October 20, 1864 **9. AGE** (In years last birthday): 84 If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED **10b. KIND OF BUSINESS OR INDUSTRY:** LAWYER **11. BIRTHPLACE** (State or foreign country): Bowling Green, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: James R. Major **13b. MOTHER'S MAIDEN NAME:** Sarah Wolfolk **14. NAME OF ~~HUSBAND OR~~ WIFE:** Elizabeth Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** None **17. INFORMANT'S SIGNATURE OR NAME:** Bro. Roch O.S.F. St Joseph's Hill Eureka Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis
DUE TO (c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Extreme Heat & Humidity

INTERVAL BETWEEN ONSET AND DEATH: H 221

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3/19, 1945, *to* 7/8, 1949, *that I last saw the deceased alive on* 7/8, 1949, *and that death occurred at* 12:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Marder MD **23b. ADDRESS:** 3155 No. Vandeventer St. Louis, Mo. **23c. DATE SIGNED:** 7/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE:** 7-9-49 **24c. NAME OF CEMETERY OR CREMATORY:** Bowling Green **24d. LOCATION** (City, town, or county) (State): Bowling Green, Mo.

DATE REC'D BY LOCAL REG.: July 11. 49 **REGISTRAR'S SIGNATURE:** Phil J Kirk MD **25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Grace Bankhead By: H. Kirk

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 18 1949
District Health Officer No. 9,
District File Number _____

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.