

FILED OCT 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 35403

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8402

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4107 Cleveland Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) M. c. (Last) TRAVIS		d. STREET ADDRESS (If rural, give location) 11 4107 Cleveland Ave. 6	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 4 1950		5. SEX 0 Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 6, 1890	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrolysis Repairman-S.W. Bell Tel. Co.	
11. BIRTHPLACE (State or foreign country) DeSoto, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Michael Travis		13b. MOTHER'S MAIDEN NAME Mary Travers	
14. NAME OF HUSBAND OR WIFE Anna I. Travis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna I. Travis 4107 Cleveland Ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from 22 Oct Feb. 19 49, to 4 Oct., 1950, that I last saw the deceased alive on 4 Oct., 1950, and that death occurred at 6:50 a.m., from the causes and on the date stated above.	
23a. SIGNATURE Robert S. Nye, M.D. (Degree or title)		23b. ADDRESS 3201 Arsenal St.	
23c. DATE SIGNED 4 Oct. '50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	
24b. DATE Oct. 7 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. OCT 5 1950	
REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Edwin A. Bennett*.....

Licensed Embalmer No. *3024*.....

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.