

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3296
87
Registrar's No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066

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

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 4 years		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Nursing Home		d. STREET ADDRESS (If rural, give location) 4623 Shenandoah Avenue	

3. NAME OF DECEASED (Type or Print) Jennie Elyffe			4. DATE OF DEATH (Month) (Day) (Year) Jan 10, 51		
5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid 2	
8. DATE OF BIRTH May 24, 1865		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME Martin Eshelman		13b. MOTHER'S MAIDEN NAME Elizabeth Meyers		14. NAME OF HUSBAND OR WIFE Alonzo Elyffe	
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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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Saylor 4623 Shenandoah St. Louis	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Chans</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1 Aug., 1950, to 10 Jan., 1951, that I last saw the deceased alive on 10 Jan., 1951, and that death occurred at 3:20 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert R. Lonke</u>		23b. ADDRESS <u>2830 Jefferson, Kirkwood, Mo.</u>		23c. DATE SIGNED <u>1/11/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral Removal</u>		24b. DATE <u>1-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawrenceville, Ill</u>	
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DATE REC'D BY LOCAL REG. <u>1/11/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Lonke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McAUGHLIN FUNERAL HOME, INC. 2301 Lafayette St. Louis, Mo.</u>	
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Joseph A. Farris
Embalmers

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.

Student Embalmer No.

Signed

H. J. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.