

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14029

BIRTH NO. 17941-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 3142  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS CITY</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence, give before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>187</u>		d. STREET ADDRESS (If rural, give location) <u>5376 EMERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>Ross</u> c. (Last) <u>ELLIOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26, 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 25, 1951</u>	9. AGE (In years last birthday) (If under 1 year, Months) (If under 12 hrs., Days) (Hours) (Min.) <u>—</u> <u>—</u> <u>1</u> <u>—</u> <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DELBERT ELLIOTT</u>	13b. MOTHER'S MAIDEN NAME <u>BONNIE TWISHELL</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Twishell</u>	ADDRESS <u>5376 EMERSON</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized anasarca due</u> DUE TO (c) <u>to premature birth of diabetic mother</u>		
	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
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>776X</u>
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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 3:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. O.</u>	(Degree or title) <u>W. D. O.</u>	23b. ADDRESS <u>634 No Grand</u>	23c. DATE SIGNED <u>3.29.51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>MARCH 27, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARRIN</u>	24d. LOCATION (City, town, or county) (State) <u>HARRIN, HARLAN Co. Ill.</u>
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DATE REC'D BY LOCAL REG. <u>APR 2</u>	REGISTRAR'S SIGNATURE <u>J. B. Keister</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hanks Funeral Home</u>	ADDRESS <u>Harrin, Ill.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3042

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Thru M

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.