

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. 11137
Registrar's No. 11137

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 1209 TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5502 Delmar, 3rd Fl. East	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) LOUISE c. (Last) McELROY			4. DATE OF DEATH (Month) (Day) (Year) 12-15-51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 27, 1885	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) statistician		10b. KIND OF BUSINESS OR INDUSTRY Absorene Co.		11. BIRTHPLACE (State or foreign country) Syracuse, New York	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none	
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. 490-0107603		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur H. Heidsieck, Ex. -1528 Locust	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 75 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUE TO (b) Hypertension			Removal of Organ	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 331X	

22. I hereby certify that I attended the deceased from 12/14/1951, 1951, to 12/17/1951, 1951, that I last saw the deceased alive on 12/15/1951, 1951, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. S. Brown M.D.		23b. ADDRESS 3903 Olive		23c. DATE SIGNED 12/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12/18/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE RECD BY LOCAL REG. DEC 17 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6125 Delmar	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Sidney W Brown
3903 Olive
Wall Bldg

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.....
Student Embalmer

Signed Geo. E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 2125 Delmar

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.