

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14235**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3750**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b> <b>4693</b>	
c. LENGTH OF STAY (In this place) <b>5 wks.</b>		d. STREET ADDRESS (If rural, give location) <b>210 N. Taylor Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Lawson</b> c. (Last) <b>Elston</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 19, 1952</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 28, 1872</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Days <b>9</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auditor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pac. R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Jefferson City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>

13a. FATHER'S NAME <b>Addison Elston</b>		13b. MOTHER'S MAIDEN NAME <b>Jane C. Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Mary B. Elston</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>702-14-1808</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary B. Elston Kirkwood</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mesothelioma of Pleura Right</b>			<b>July 1951</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____				
		DUE TO (c) <b>Bronchopneumonia, Left</b>			<b>1 Month</b>	
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 <b>197X.</b>	

22. I hereby certify that I attended the deceased from **July 1951**, to **19 April, 1952**, that I last saw the deceased alive on **18 April, 1952**, and that death occurred at **11:58 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Benjamin H. Charles, M.D.</b>		23b. ADDRESS <b>Mo. Pac. Hospital</b>		23c. DATE SIGNED <b>21 April 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/22/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>Kirkwood</b>		(State) <b>Mo.</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 21 1952</b> <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Meyer-Pfitzinger Kirkwood</b>	
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William H. Pfeiffer*

Licensed Embalmer No. *4316*

P. O. Address *Kilwood, N.Y.*

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.