

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7756

State File No. ....

FILED FEB 26 1953

1407

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

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

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>9 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2129</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>12 5351 Delmar</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>		b. (Middle) <u>M.</u>	c. (Last) <u>Mc.Elroy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2- 4- 53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Nov-10-1873</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u>1</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Ernst Mueller</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Kronenbuge</u>	
14. NAME OF HUSBAND OR WIFE <u>John. S. McElroy, deceased</u>		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>Clara McElroy</u>		17. ADDRESS <u>Masonic Home of Missouri, 5351 Delmar</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Lobar Pneumonia</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Hypertension</u>		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____		DUE TO (c) _____	
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., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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? <u>490X</u>	
22. I hereby certify that I attended the deceased from <u>4-9-</u> <u>19 44</u> to <u>2-4-</u> <u>19 53</u> , that I last saw the deceased alive on <u>2-1-</u> <u>19 53</u> and that death occurred at <u>4:10 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Clara McElroy</u> (Name or title)		23b. ADDRESS <u>508 N. Grand Ave.,</u>		23c. DATE SIGNED <u>2-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>FEB 5 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Sam</u>		ADDRESS <u>6175 Delmar</u>		G.P. (Licensed Embalmer's Statement on Reverse Side)	

De Lux - Back  
1504 S Grand  
Pr 3393

De Lux Back  
1504 S Grand  
Pr 1600

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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 J. S. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6170 S. St. Mar

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.