

STANDARD CERTIFICATE OF DEATH

26305

State File No.

6189

Registrar's No.

FILED JUL 31 1953

1003

BIRTH NO. 41439

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

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

<p>I. PLACE OF DEATH</p> <p>a. COUNTY</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)</p> <p>a. STATE <u>Mo</u> b. COUNTY</p>	
<p>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u></p>		<p>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u></p>	
<p>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u></p>		<p>d. STREET ADDRESS (If rural, give location) <u>11 2524 North Spring</u></p>	
<p>3. NAME OF DECEASED</p> <p>a. (First) <u>Debra</u> b. (Middle) <u>Ann</u> c. (Last) <u>Elmore</u></p>			<p>4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1953</u></p>
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u></p>	<p>8. DATE OF BIRTH <u>6-21-1953</u></p>
<p>9. AGE (In years; last birthday) <u>—</u> IF UNDER 1 YEAR (Month) (Day) (Year) <u>—</u> IF UNDER 24 HRS. (Hour) (Min.) <u>4</u></p>		<p>11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>None</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u></p>		<p>13a. FATHER'S NAME <u>Charles Elmore</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Olga Wadlow</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	
<p>17. INFORMANT'S SIGNATURE OR NAME <u>Charles Elmore - 2524 N. Spring</u></p>			
<p>MEDICAL CERTIFICATION</p>			
<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Promature Birth approx. 6 mo.</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>born undeveloped</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>19a. DATE OF OPERATION</p>		<p>19b. MAJOR FINDINGS OF OPERATION</p>	
<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>21a. ACCIDENT SUICIDE HOMICIDE (Specify)</p>	
<p>21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</p>	
<p>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)</p>		<p>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p>21f. HOW DID INJURY OCCUR? <u>776X</u></p>			
<p>22. I hereby certify that I attended the deceased from <u>6/21, 1953</u>, to <u>6/21, 1953</u>, that I last saw the deceased alive on <u>6-21, 1953</u>, and that death occurred at <u>7:45</u> m., from the causes and on the date stated above.</p>			
<p>23a. SIGNATURE (Degree or title) <u>J. D. Pecker M.D.</u></p>		<p>23b. ADDRESS <u>2603 No. Pilgrimage</u></p>	
<p>23c. DATE SIGNED <u>6/22-53</u></p>			
<p>24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>24b. DATE <u>6/23/53</u></p>	
<p>24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u></p>		<p>24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u></p>	
<p>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u></p>		<p>25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Koch & Son - 3516 E. 14th</u></p>	

