

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **14348**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>971</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>CLAYTON</u> )		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY OR TOWN <u>Ferguson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D. O. A. County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>206 No. Marguerite</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>		b. (Middle) <u>J. McElhiney</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 12, 1919</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McDonnell</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mountainair New Mexico</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edwin S. McElhiney</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia McElhiney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>486-12-9017</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia McElhiney</u> ADDRESS <u>206N. Marguerite</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>from multiple injuries, suffered while he was a passenger in an automobile being operated east on Highway 66 near Bellefontaine Road by WAYNE KENDALL, 5723 Cabanne Ave., which went out of control, left the pavement and struck a tree, throwing the deceased to the ground. Body removed by WHITE AMBU-LANCE to St. Louis County Hospital and was pronounced dead on arrival</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>struck a tree, throwing the deceased to the ground. Body removed by WHITE AMBU-LANCE to St. Louis County Hospital and was pronounced dead on arrival</u></p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural 400 St. Louis Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Apr. 24, 1954 1:55 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>BLUNT IMPACT - Driver of car lost control and car struck tree, throwing deceased to ground.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold J. Willman</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>4-27-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 26, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-54</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dombrowsky</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Miceli</u> ADDRESS <u>1150 No. Kingshighway</u>			

52 (Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *H. W. Wilkinson*

Licensed Embalmer No..... *3*

P. O. Address..... *H. Low*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.