

E. L. Taylor

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38215**

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. *275* PRIMARY REG. DIST. NO. *6402* Registrar's No. *39*

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	c. LENGTH OF STAY (In this place) <i>4077 5 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> <i>Ua type</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>Route 3</i> <i>0780</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)			
<i>James M. Elath</i>			<i>11-25-54</i>		

5. SEX <i>M</i>	6. COLOR OR RACE <i>Cal</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3-26-1879</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
				<i>75</i>	<i>7</i>	<i>29</i>		

10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Deatur Co Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Pete McElrath</i>	13b. MOTHER'S MAIDEN NAME <i>Jane Kannon</i>	14. NAME OF HUSBAND OR WIFE <i>Maggie McElrath</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>James McElrath</i>	ADDRESS <i>St. Louis, Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gen. Arteriosclerosis</i>		<i>1 yr</i>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Myocardial Heart Dis.</i>		<i>UNK.</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>332X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *26 Nov*, 19*54*, to *25 Dec*, 19*54*, that I last saw the deceased alive on *15 Nov*, 19*54*, and that death occurred at *12:00* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>E. L. Taylor, M.D.</i>	23b. ADDRESS <i>St. Louis, Mo</i>	23c. DATE SIGNED <i>11/25/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11-28-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Holly Grove</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>12-8-54</i>	REGISTRAR'S SIGNATURE - <i>W. H. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>German Trust Co</i>	ADDRESS <i>St. Louis Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-280-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARTHERSVILLE, MO.

DEC 9 1954

DEC 21 1954

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John H. German*

Licensed Embalmer No. *A355*

P. O. Address *Hartley, Mo*

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.