

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JUL 7 - 1955

BIRTH NO. 5166-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1454

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Salem</u>	
c. LENGTH OF STAY (In this place) <u>5 mo</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Henry Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl (Coyle)</u> b. (Middle) <u>McElfresh</u> c. (Last) <u>McElfresh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 26 55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>1/26/57</u>		9. AGE (In years last birthday) <u>5 mo</u>		10. IF UNDER 1 YEAR: Months <u>5</u> Days <u>0</u> Hours <u>33</u> Mins. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None - Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>France</u>					

13a. FATHER'S NAME <u>Charles H. McElfresh</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy H. Steelman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles L. McElfresh, Salem, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Autopsy based on medical</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Asphyxiation</u> DUE TO (c) <u>Asphyxiation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>7544</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/26/55, 1955, to 6/26/55, that I last saw the deceased alive on 6/26/55, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paulina H. Dequeiro, M.D.</u>		23b. ADDRESS <u>St. Henry Hospital</u>		23c. DATE SIGNED <u>6/26/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>	
		24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>6/27/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Blackwell - Wray

**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 Elton M. Penelick

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.