

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

28791

STATE FILE NUMBER

7258

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5824 Cates Ave. | | Length of stay in lb 5 yrs. | |
| 5 th STREET ADDRESS 5824 Cates Ave. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Parlee McElfresh | | 4. DATE OF DEATH Month Day Year Aug. 4, 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 20, 1872 |
| 9. AGE (In years last birthday) 84 | | 10. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Shannon Co., Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME Charles Broadfoot | | 14. MOTHER'S MAIDEN NAME Josephine Moffett | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Mrs. Eleanor Roseberg, 5824 Cates Ave | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Acute Cholecystitis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <u>June 1955</u> to <u>Aug 4, 1956</u> and last saw her <u>alive</u> on <u>Aug 3, 1956</u> Death occurred at <u>1:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Frank Catanzaro M.D.</u> | | 22b. ADDRESS <u>206 N. Clay, Kirkwood, Mo</u> | |
| 22c. DATE SIGNED <u>Aug 4, 1956</u> | | 23a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u> | |
| 23b. DATE <u>8-6-56</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Williams Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Licking, Mo.</u> | | 23e. (SIGN) | |
| 24. FUNERAL DIRECTOR <u>Albert H. Hoppe, 4700 Washington</u> | | 25. DATE RECD. BY LOCAL REG. <u>AUG 6 1956</u> | |
| 26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | | | |

