

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022976

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 171

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		St. Charles		a. STATE		Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only)		St. Charles		b. COUNTY		St. Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		St. Joseph Hosp.		c. CITY OR TOWN		St. Charles	
Length of stay in 1b		1 days		d. STREET ADDRESS		528 Jefferson St.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First		Middle		Last		Month Day Year	
Mark		S.		McElwee		July 4, 1958	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	White	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Feb. 2, 1884	74	5 Months	4 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
Policeman		Policeman Rt.		Chainerf Rocks, Mo.		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Dr. John J. McElwee				Laura (Unknown) McElwee			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
No		486-28-8948		Mrs Adele McElwee St Charles Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)						INTERVAL BETWEEN ONSET AND DEATH	
Acute Myocardial Infarction						4 8/2	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						?	
DUE TO (b)						4201	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED?	
Acute Stenosis (?)						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT			SUICIDE			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
<input type="checkbox"/>			<input type="checkbox"/>				
20c. TIME OF INJURY			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
Hour Month, Day, Year			20e. CITY, TOWN, OR LOCATION				
a. m. p. m.			COUNTY				
			STATE				
21. I attended the deceased from July 2nd to July 4, 1958 and last saw her alive on July 4, 1958							
Death occurred at 5:20 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE				22b. ADDRESS		22c. DATE SIGNED	
J. McElwee MD				St. Charles, Mo		July 5, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) State	
Burial		July 7, 1958		Oak Grove Cemetery		St. Charles, Mo.	
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Arthur C. Baue, St. Charles, Mo.				July 5-58		M. Charles	

(Licensed Embalmer's Statement or Reverse Side)

Health, Welfare Public Service

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

540

8961 9 T 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Arthur C. Paul

Licensed Embalmer No. *310*

P. O. Address *A. Chow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (P
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.