

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015360

STATE FILE NUMBER

Registration No. **3482**

FILED MAY 7 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Edgar Middle McElligott Last			4. DATE OF DEATH Month April Day 7, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1919	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Aluminum Ore Co.		11. BIRTHPLACE (City and state or country) East St. Louis, Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME James McElligott		13b. MOTHER'S MAIDEN NAME Mary Siebert	
14. NAME OF HUSBAND OR WIFE Margaret Coons		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. 329 10 3843	
17. INFORMANT Margaret McElligott		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>GENERALIZED ANEURISMA</u> DUE TO (b) <u>CARDIAC CIRRHOSIS</u> DUE TO (c) <u>PNEUMATIC HEART DISEASE 4/5 X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NEUROSCLETEROSIS &amp; ESOPHAGITIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 mo.</u> <u>27 mo.</u> <u>17 yr.</u>
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 COUNTY STATE	
21. I attended the deceased from <u>Mar. 18</u> to <u>Apr. 7</u> and last saw her/him alive on <u>Apr. 6</u> Death occurred at <u>8:05 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dennette E. Walter, M.D.</u>		22b. ADDRESS <u>1325 La Grand</u>		22c. DATE SIGNED <u>4/8/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 10, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	
				23d. LOCATION (City, town, or county) (State) <u>Belleville, Ill</u>	
24. FUNERAL DIRECTOR Chas. M. Burke, East St. Louis, Ill			25. DATE RECD. BY LOCAL REG. <u>APR 8 '59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4-300  
1919  
39

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 *Chas M. Beck* .....

Licensed Embalmer No. 2421.....

P. O. Address East...St., Louis,.....

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.