URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-034772

STATE FILE NUMBER

Registration District No. 917 Primary Registration District No. 500 Registrar's No. 2383

ENDED

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LADUE
Length of stay in 1b 4 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 ST MARY'S COURT
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN LADUE
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4 ST MARY'S COURT
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JAMES Middle CAMPBELL Last ELLIOTT
4. DATE OF DEATH Month SEPT Day 6 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH APRIL 16, 1888
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET AUDITOR
10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE
11. BIRTHPLACE (City and state or country) ST LOUIS, MO
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME EDGAR ELLIOTT
13b. MOTHER'S MAIDEN NAME ETTA STERLING
14. NAME OF HUSBAND OR WIFE GERTRUDE ELLIOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-10-7733
17. INFORMANT GERTRUDE ELLIOTT Address 4 ST MARY'S CT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial ischemia	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	1 hr
DUE TO (c)	atherosclerosis	5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 1, 59 to Sep 6, 59 and last saw ~~her~~ him alive on Sep 1, 1959
Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stranger (Degree or title) M. D.
22b. ADDRESS 4952 Maryland Ave
22c. DATE SIGNED 9/10/59

23a. BURIAL, CREMATION, REMOVAL
23b. DATE SEPT 9, 1959
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or county) ST LOUIS (State) MO

24. FUNERAL DIRECTOR STOCK MORTUARY ADDRESS 889 S BRENTWOOD
25. DATE RECD. BY LOCAL REG. 9-8-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed V E Morris

Signature of Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St. Louis

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