

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1 1960

2 2610

60-012555

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>FLAT RIVER</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETS. ADMIN. HOSPT.</b>		d. STREET ADDRESS (If outside, give location) <b>200 COFFMAN.</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>E.</b> Last <b>ELDERS</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>3</b> Year <b>1960</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/18/94</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LEAD MINER</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>BARKS, MO.</b>	
10a. FATHER'S NAME <b>WILLIAM ELDERS</b>		10b. MOTHER'S MAIDEN NAME <b>JULIA PORTER</b>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		12. SOCIAL SECURITY NO. <b>493-03-9031</b>	
13. NAME OF HUSBAND OR WIFE <b>PEARL ELDERS</b>		14. ADDRESS <b>FLAT RIVER, MO.</b>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>TRACHEAL OBSTRUCTION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 HOURS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ACUTE TRACHEITIS MEDIASTINITIS</b>		DUE TO (c) <b>PERICARDITIS PERFORATION OF ESOPHAGUS</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>NA</b> Month, Day, Year <b>2/3/60</b>	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 <b>FLAT RIVER, MO.</b>	
21. attended the deceased from <b>2/3/60</b> to <b>3/3/60</b> and last saw him alive on <b>3/3/60</b>		Death occurred at <b>6:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>William J. Spettman M.D.</b>		22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	
22c. DATE SIGNED <b>3/3/60</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>MARCH 6/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>REVELLE</b>	
23d. LOCATION (City, town, or county) (State) <b>NEAR FREDERICKSON, MO.</b>		24. FUNERAL DIRECTOR <b>R. Caldwell</b>	
25. DATE RECD. BY LOCAL REG. <b>MAR 5 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

7

VS MAR 31 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Donald Dale Caldwell, Student Embalmer No. 582

working under my personal supervision.

Student Donald Dale Caldwell  
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat Rock

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