

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013461

FILED VS MAR 30 1960 3 17

Registration District No. 531 Registrar's No. 731

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Length of stay in 1b YRS	c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7401 Washington Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7401 Washington Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harrison Middle W Last Elliott			4. DATE OF DEATH Month March Day 3 Year 1960			
5. SEX male	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 Sept 2, 1912	9. AGE (last birthday) 47	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and state or country) Romeo, Michigan		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Edward Elliott		13b. MOTHER'S MAIDEN NAME Mary Ann Galbraith		14. NAME OF HUSBAND OR WIFE Jane A. Elliott		
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 University City Missouri. Mattie Jane Elliott 7401 Washington Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Disease		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) General Arteriosclerosis		?
	DUE TO (c) Senility		?
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"/> N. <input type="checkbox"/> Unknown	

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 a.m. p.m.	Month, Day, Year		
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 **12/28/1930** to **Present Date** last saw her alive on **3/1/60**
Death occurred at **8:30 AM 3/3/60** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) John A. Rogers M.D.		22b. ADDRESS 608 Knapplut St. Louis 30 Mo 3/3/60		22c. DATE SIGNED 3/3/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri. (County)	
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Bly'd.		25. DATE RECD. BY LOCAL REG. 3-3-60	26. REGISTRAR'S SIGNATURE John A. Rogers M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Mr. W. W. Elliott
Co. Vice*

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. *3864*

P. O. Address *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.