

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9794-61-038510** STATE FILE NUMBER

DATE AMENDED
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 General. Supplementary give other

FILED NOV 8 1961

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5950 Cote Brilliante** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Bobbie Elliott** 4. DATE OF DEATH Month Day Year **10 20 61**
 5. SEX **F** 6. COLOR OR RACE **Col.** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-19-14** 9. AGE (last birthday) **46** 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) **Housekeeper** 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) **Garralton, Ala.** 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **George Terry** 13b. MOTHER'S MAIDEN NAME **Lela Smith** 14. NAME OF HUSBAND OR WIFE **Oscar 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. **----** 17. INFORMANT **Oscar Elliott** Address **5950 Cote Brilliante**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cardiac Arrest; suffered while undergoing operation at Homer S. Phillips Hospital Oct. 20, 1961.**
 DUE TO (b) **950X Accident**
 DUE TO (c)
 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.) **as above**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year. **10/20/61**
 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.) **119 Homer Phillips Hospital** 20f. CITY, TOWN, OR LOCATION **St. Louis** COUNTY **Mo.** STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **11:15 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Ink) **Paul Simon** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **10/24/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-25-61** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) **Jefferson Barracks, Mo.**

24. FUNERAL DIRECTOR **A.L. Beal Und. Co.** ADDRESS **4303 Delmar** 25. DATE RECD. BY LOCAL REG. **OCT 24 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

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.