

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4621
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis(e) Length of residence in city or town where death occurred 5 yrs. mos. ds.C. 16022Registration District No. 791Primary Registration District No. 1003(d) Street No. City Hospital No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1266

2. PRINT FULL NAME

(a) Residence, No. 1902 a Victor

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Anna Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 26, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

6236

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

John Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Anna Schiles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

National

DATE

2/5/38

19. FUNERAL DIRECTOR (ADDRESS)

Allen W. McLaughlin
2381 Lafayette

20. FILED

FEB 4 1938J. P. Brebeck

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/2/38

, 19

22. I HEREBY CERTIFY, That I attended deceased from

him2/2/38

, 19

I last saw him..... alive on....., 19

Death is said

to have occurred on the date stated above, at..... 9.25. p

The principal cause of death and related causes of importance were as follows:

Essential Hypertension
Diabetes mellitus

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Charles M. Jessico, M. D.

(Address).....

City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L.R. Coape, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. 3633
working under my personal supervision.

Signed L.R. Coape

Licensed Embalmer No. 3633

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.)