MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No. 40639

Township Carpenter Primary Registration District No. 6248 B Registered No. 429

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

JAN 22 1931

2. FULL NAME Elvis Stafford

(a) Residence. No. 6446 McCune Ave., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nolie Stafford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	38	7	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor
(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Dresden
(STATE OR COUNTRY) Tennessee.

PARENTS

10. NAME OF FATHER George Stafford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Della Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Tennessee

14. INFORMANT (Address) C. H. Smith, Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Jan 2, 1931 L. C. Obrock REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1930, to December 30, 1930 that I last saw him alive on December 30, 1930, and that death occurred, on the date stated above, at 4:40 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Abscesses, multiple, left lung.
Pyopneumothorax, left.
NOA
NOB
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1024
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, X-ray & Clinical findings.

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Brks, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Park DATE OF BURIAL 1-2 1931

20. UNDERTAKER Kriegshauser Und Co ADDRESS 4104 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.