

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.

RECD MAR 23 1939

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

7636  
Do not use this space.

1. PLACE OF DEATH

(a) County Charles Mo. Registration District No. 257  
(b) Township St. Charles Primary Registration District No. 3036  
(c) City St. Charles (d) Street No. St. Joseph Hospital Registered No. 17  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. West Alton Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Hawkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858 Dec 2

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.   
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Ill.

FATHER 13. NAME Wesley Jackson Elder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Ill.

MOTHER 15. MAIDEN NAME Elizabeth Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Ill.

17. INFORMANT (ADDRESS) Louis B. Elder West Alton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE West Alton Ebenezer Cemetery DATE Feb 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Gallmeier & Sons Co. 800 N. Second St. Charles Mo

20. FILED 2/3 1939 Clarence H. Neuber Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Head Inquest - Feb 3rd 1939

I last saw h. alive on Feb 2nd, 1939 Death is said to have occurred on the date stated above, at 11 P. m.

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

Other contributory causes of importance:  
HTA

Name of operation Spinal Date of Feb 2nd

What test confirmed diagnosis Spinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Feb 2nd 1939

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

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

Manner of injury Stroke Nature of injury Cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) John H. Buse (Address) Cooper - St. Charles Co. Mo.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**