DEPARTMENT OF COMMERCE
U.S. BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23679

Registration District No. 791

Primary Registration District No.

Registrar's No. 5952

REGISTRAR'S No. 1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since June 28, 1939 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME 430 Barbara Jean Elliott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 1 (Day) 1939 (Year)

8. AGE: Years | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation nil 0

11. Industry or business 0

FATHER
12. Name Eugene Elliott
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Leota Hopkins
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Eugene Elliott
(b) Address 2832 Cass ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7. 6-39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney ave

19. (a) JUL 6 1939 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2832 Cass
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1939 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 28, 1939, 19, to July 4, 1939, 19; that I last saw h. ar alive on July 4, 1939, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, Primary — Duration 4 days

Due to --

Due to --

Other conditions Malnutrition due to improper feeding
(Include pregnancy within 3 months of death)

Major findings:
Of operations --

Of autopsy --

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature George Peace (M. D. or other)
Address 2601 N Whittier Date signed 7-6-39

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.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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