

**10 FEB 25 1941**  
Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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17  
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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:  
5272A Page Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James Woods Elliott

3. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Alice Elliott 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 22 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	11	_____ hr. _____ min.

9. Birthplace Hannibal, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Lumber Business

**FATHER** { 12. Name James Woods Elliott  
13. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

**MOTHER** { 14. Maiden name Betty Debney George  
15. Birthplace Charlottesville/Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Alice Elliott  
(b) Address 5272A Page Ave., St. Louis, Mo

17. (a) Burial (b) Date thereof Jan. 4, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7233 Delmar, St. Louis, Mo

19. (a) 1-3-41 (b) J. P. Bradecki  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County De Witt

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

(d) Street No. 5272A Page Blvd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 2nd  
year 1941 hour 6:30 minute a M.

21. I hereby certify that I attended the deceased from May 1940 to Jan 2 1941,  
that I last saw him alive on Dec 23 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary Tuberculosis Chronic  
Due to Pulmonary Tuberculosis  
Due to \_\_\_\_\_

Other conditions 17  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of office)  
(c) Means of injury \_\_\_\_\_

23. Signature J. P. Bradecki (M. D. or other) 0  
Address 7233 Delmar St. Louis Date signed 1/3/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

49652 Del.  
70-4350  
11-2 P.M.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address St Louis Mo

**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.**