

S. No. 2  
M-1-4-41  
v. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26530

State File No.

6322

Registrar's No.

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home 3854<sup>a</sup> Kennedy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 77 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3854<sup>a</sup> Kennedy (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NELLIE-M-ELMORE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Joseph Elmore 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Apr 10 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

11. Industry or business House work

12. Name Charles Webster

13. Birthplace Springfield, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Malinda A. Carey

15. Birthplace Springfield, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Faquette Hughes

(b) Address 3854<sup>a</sup> Kennedy

17. (a) Burial (b) Date thereof Aug 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter & Paul

18. (a) Signature of funeral director Oxendine E.L.

(b) Address 4469 Washburn Blvd

19. (a) AUG - 1 1941 (b) J. H. Zuehlke  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1941 hour 1:00 minute AM

21. I hereby certify that I attended the deceased from Jan 10  
1939 to July 30 1941  
that I last saw her alive on July 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence none  
(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 place) (e) Means of injury \_\_\_\_\_

23. Signature Joseph Madison (M. D. or other) MDA  
Address 5011 Westgate Date signed July 31 1941

Duration

Less than 1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26530  
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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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*W. Z. Denhardt*

Licensed Embalmer No.

*3669*

P. O. Address

*4469 Washington*

**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, fact should be so stated above.**