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X26390

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Thomas Elliott

3. (b) If veteran, name war _____
3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White
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 May 10, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 8 _____ hr. _____ min.

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

10. Usual occupation Unk.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace " " "4
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace " " "4
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Hussey

(b) Address 3430 Hartford

17. (a) burial (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) NOV 24 1941 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3430 Hartford
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18,
year 1941 hour 2:15 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from October
20, 19 41 to November 18, 19 41
that I last saw him alive on November 18, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of Esophagus
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy above

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. B. Zins (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 11/18/41

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.....

Ernest W. Wilkinson

Licensed Embalmer No.....

3575

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, fact should be so stated above.