

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

4302

FILED MAR 17 1942 791

STANDARD CERTIFICATE OF DEATH

State File No. 1549

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)
In this community 5 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 600
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2700 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Joe Elmo

3. (b) If veteran, name war _____

3. (c) Social Security No. 479.0591

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Elmo
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased April 3 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 14 If less than one day _____ min.

9. Birthplace Melville La 1
(City, town, or county) (State or foreign country)

10. Usual occupation Finisher

11. Industry or business Schullins Steel

12. Name Joseph Elmore

13. Birthplace La 1
(City, town, or county) (State or foreign country)

14. Maiden name Wink

15. Birthplace La 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Elmore

(b) Address 2700 Washmar Blvd

17. (a) Burial (b) Date thereof 2-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Prod

(b) Address 3644 Finney Ave

19. (a) FEB 19 1942 (b) J. E. Brudeck
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17,
year 1942 hour _____ minute 10 A. M.

21. I hereby certify that I attended the deceased from February 11,
1942, 19____, to February 17, 1942

that I last saw her alive on February 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Cancer

Duration 1 year

Due to _____

Due to _____

Other conditions M
(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 place) (e) Means of injury 0

23. Signature J. W. Johnson (M. D. or other) _____

Address 26 S. Webster Date signed 2/18/42

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

MOTHER FATHER

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

101

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 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.