. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1942 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28688

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7865

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:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 37 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missori (b) County 17

(c) City or town St. Louis 05
(If outside city or town limits, write "RURAL")

(d) Street No. 6149 Washington Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME BRUCE S UTHERLAND ELLIOTT

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Louise

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

7. Birth date of deceased 16 (Month) 24 (Day) 1868 (Year)

8. AGE: Years 73 Months 10 Days 26 If less than one day ..... hr. — min.

9. Birthplace Washington D.C. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Patent Attorney

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Mary Louise Elliott
(b) Address 6149 Washington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9--22-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Blvd

19. (a) SEP 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1942 hour 1:35 minute P. M.

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

Immediate cause of death Coronary Sclerosis; Chronic Nephritis; Duration

Due to Fractured 4th lumbar vertabrae; suffered when deceased fell down six steps at his home Sept.7th, 1942, abou

Due to 2:45 o'clock A.M. 1 8 0

Other conditions 1 8 6
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 8

Of autopsy 1

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) accident 000

(b) Date of occurrence 9-7-1942

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home. (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature James J. Fitzsimmons Coroner (M.D. or other)

Address 1300 Clark Ave Date signed 9/22/42

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.