S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

✓0.0107 36652

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9944

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. John's Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 8322 South Broadway
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ROBERT WALTER McELROY

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Dorothy McElroy

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 29 (Day) 1870 (Year)

8. AGE: Years 73 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Bethlehem, (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Retired —R.R. Foreman

11. Industry or business

FATHER
12. Name John McElroy
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth White
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Dorothy McElroy-wife
(b) Address 8322 South Broadway, St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-14-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) NOV 13 1943 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 10/19/43
, 19 , to 11/11 , 1943
that I last saw him alive on 11/11 , 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Post-operative shock	1 day
Due to Laparotomy for carcinoma of pancreas	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of pancreas
Of autopsy

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

23. Signature [signature] (M. D. or other) M.D.
Address 3615 S Grand Date signed 11/11/43

(Licensed Embalmer's Statement on Reverse Side)

3615 S. Grand Blvd.,
Hours-1:30 to 3 P.M.
6:30 to 8 P.M.
except Wed. & Sat.

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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.