

FILED OCT 20 1944

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4429 Clarence Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME May Olive Elam

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Laurence A. Elam 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 20, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 22 If less than one day
hr. _____ min.

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

10. Usual occupation At home

MOTHER FATHER

11. Industry or business _____
12. Name James B. Hudson
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Johnson
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma R. Wannall
(b) Address 4429 Clarence Ave

17. (a) Burial (b) Date thereof 10/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemete

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2131 East Fair Ave

19. (a) OCT 13 1944 (b) J. F. Brudeck
(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. 4429 Clarence Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1944 hour 8:00 minute 0 A. M.
21. I hereby certify that I attended the deceased from Oct. 1,
1944, to Oct. 12, 1944;
that I last saw h. aw alive on Oct 11, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
encephalitis. Non-epileptic
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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) _____
(Specify type of place) Means of injury _____
23. Signature A. O. Schreier (M. D. or other) M. D.
Address 4515 Lindell Blvd. Date signed 10-12-44

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

Gustav W. Dietel

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo

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.