

S. No. 2
M-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7305**
Registrar's No. **1660**

FILED MAR 1 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

6255

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:
Enroute to City Hospital 3
(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:

(a) State **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **604 Chestnut St.**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Elbert Capps**
 3. (b) If veteran, name war **Nil**
 3. (c) Social Security No. **497-07-5298**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife.....
Ruby Capps
 6. (c) Age of husband or wife if alive **About 1891** years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 54			hr. min.

9. Birthplace **Carroll County Tennessee**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Barber**

11. Industry or business.....
 12. Name **Coleman Price Capps**
 13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mollie Holt**
 15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Floyd Capps**
 (b) Address **2239 Oregon St.**
 17. (a) **Removal** (b) Date thereof **2-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Trézevant, Tennessee**
 18. (a) Signature of funeral director **Albert H. Hoppe**
 (b) Address **4700 Washington Blvd.**
 19. (a) **FEB 18 1946** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13**
 year **1946** hour **10** minute **20 A.** 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.....
*Myocardial infarction, acute
 hemorrhagic gastritis*
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

Duration.....
 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 **Patrick E. Taylor** (M. D. or other)
 Address **1500 Clark** Date signed **2-14-46**

1660
0997

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 *John Agonowski*
Licensed Embalmer No. *3398*

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.