

FILED MAR 20 1946
318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: 1st Sullman Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1000
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 4298 Sullman Place (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORA ELDER

3. (b) If veteran, name war No 3. (c) Social Security No. No NE

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 8 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 28 If less than one day hr. _____ min. _____

9. Birthplace MO
(City, town, or county) (State or foreign country)

10. Usual occupation Nihil

11. Industry or business

12. Name George Linton
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name HENRIETTA KINEN
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ramsey, Sales
(b) Address 4298 Sullman

17. (a) BURIAL (b) Date thereof March 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Semetary

18. (a) Signature of funeral director Wm. H. Smith
(b) Address 1121 1/2 N. 1st St. St. Louis, Mo.

19. (a) MAR 10 1946 (b) J. F. Bredeck
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH, day 6th, year 1946 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from MARCH 1, 1946, MARCH 6, 1946 that I last saw her alive on MARCH 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 85

Major findings: Of operations _____
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? _____

While at work _____ (Specify type of work) (a) Means of injury D

23. Signature W. H. G. Clark (M. D. or other) _____
Address 2748A FRANKLIN Date signed 3-8-46

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

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 *Geneva E. Wasson*
Licensed Embalmer No. *4341*
P. O. Address *St Louis 13*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

Registration District No. 218 Primary Registration District No. 1003

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:

(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) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Cora Elder
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
7. Birth date of deceased Jan 8
(Month) (Day) (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.

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

10. Usual occupation Unemployed
11. Industry or business

MOTHER FATHER
12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....
17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....
19. (a) (Date received local registrar) (b) J. F. Bredek
(Date received local registrar) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April Day 19 Year 1946 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... to....., 19.....; that I saw h..... all over....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
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?.....
While at work? (Specify type of place) (e) Means of injury.....
23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

MAR 27 1946

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