

S. No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

25198

FILED JUL 22 1946  
916

STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 6173

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Crocker  
(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 July day 7<sup>th</sup>  
year 1946 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 2, 1946, to July 7, 1946  
that I last saw him alive on July 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Anterior poliomyelitis acute  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 3/6  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy as above  
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 J.R. Madley (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 7/8/46

3. (a) PRINT FULL NAME Allen Gilbert Elder  
3. (b) If veteran, name war Nil  
3. (c) Social Security No. 493-10-4002

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Elder 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased October 14 1903  
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pulaski County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Elder

13. Birthplace Pulaski County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hildah Crowley

15. Birthplace Scotland County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Elder

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 7-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 12 1946 (b) J.F. Bredsch  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUL 5 1957

AUG 19 1956

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 W Wilkinson  
Licensed Embalmer No. 3575

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.