

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 14 1946
318

1003

Registrar's No. 7540

Registration District No. _____ Primary Registration District No. _____

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: Josephine Heitkamp Memorial Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether

In this community ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-20

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2040a E. John Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No 10
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Frederick Earl Elliott

(b) If veteran, name war World War #1.

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31, year 1946 hour 2:20 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma M. Elliott

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 30, 1879.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 9 to Aug 31 1946 that I last saw him alive on Aug 30 1946 and that death occurred on the date and hour stated above.

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

67	3	1	hr. min.
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Immediate cause of death: Carcinoma of Rectum

Due to _____

Due to _____

Other conditions: H/E
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

Major findings of autopsy: Carcinoma of sigmoid, metastatic to liver

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Construction

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Julia Johnson

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma M. Elliott

(b) Address 2040a E. John Ave.

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? _____

17. (a) Burial (b) Date thereof Sept. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

23. Signature D. J. Boudock (M. D. or other) _____

Address 1504 N. Grand Date signed 3/31

19. (a) SEP 1 1946 (b) J. F. Boudock
(Date received local registrar) (Registrar's signature)

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

2745

315 St. Bernard
2-3 PM

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 A. Melina
Licensed Embalmer No. 4186
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.