

FILED 1946 SEP 24 1946
318

Registration District No. _____

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **7832**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
 (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)

3. (a) PRINT FULL NAME JAMES ELSEA

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

4. Sex MALE 5. Color or race W
 6. (a) Single, widowed, married, divorced INFANT
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased AUGUST 11 1945
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 29 hr. min.

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name JAMES R. ELSEA13. Birthplace MO
 (City, town, or county) (State or foreign country)14. Maiden name LILLIE BLODGETT15. Birthplace MO
 (City, town, or county) (State or foreign country)16. (a) Informant Mr. James R. Elsea(b) Address 2832 Lafayette Av17. (a) BURIAL (b) Date thereof SEP 11-46
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SUN SET, BURIAL PK.18. (a) Signature of funeral director E. J. Schmur(b) Address 3125 Lafayette Av19. (a) SEP 10 1946 (b) J. A. Bredel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town ST. LOUIS 23 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2832 Lafayette
MEMORIAL (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
 year 1946 hour 8:45 minute _____ M.

21. I hereby certify that I attended the deceased from 9/8/46
 _____, 19____, to Sept. 8th 1946
 that I last saw him alive on Sept. 8th 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Waterhouse - Friderichsen Syndrome Duration 12 hrs.

Due to MENINGOCOCCEMIA 12 hrs.

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____

Of autopsy Adrenal hemorrhage, multiple petechial

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 James A. Kinder23. Signature 1515 Lafayette 9/10/46 (other) MD

Address _____ Date signed _____

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.....

Joe B. Kollmer

Licensed Embalmer No. *4014*

P. O. Address.....

St. Louis

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.