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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38177**

FILED NOV 19 1946

Registration District No. **317**

Primary Registration District No. **8070**

Registrar's No. **293**

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town Webster Groves.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
908 Truesdale Ave.
(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 Missouri (b) County 76

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 908 Truesdale Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME James McElroy.

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

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased..... July 14th, 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1946. hour 2/45 minute A M.

21. I hereby certify that I attended the deceased from Death without medical attendance to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>4</u>	<u>28</u>hr.min.

Immediate cause of death Coronary occlusion *Duration*

Due to..... 94a

Due to.....

9. Birthplace Webster Groves Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Hodcarrier.

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

11. Industry or business

12. Name Lee McElroy 7

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Mary Watts

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy No autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Estella McElroy.

(b) Address 908 Truesdale Ave.

17. (a) Burial (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem,

18. (a) Signature of funeral director Ellis Fun, Home.

(b) Address 2320 Stoddard St

19. (a) 11-15-46 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury.....

23. Signature Ruth J. Allen M.D. (M. D. or other).....
Address 601 Brentwood Blvd. Date signed 11/15/46

(Licensed Embalmer's Statement on Reverse Side)

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

36992

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 L. Boyer
....., Registered Apprentice No. 91
working under my personal supervision.

Signed

Lommo Boyer

Licensed Embalmer No. 2946

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.