

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **9825**

**FILED DEC 2 1946**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **36 days**  
(Specify whether  
In this community **12 yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Helen Elam**  
(b) If veteran, name war **no**  
(c) Social Security No. **none**

4. Sex **female** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced. **Widow**  
6. (b) Name of husband or wife **Ernest Elam**  
6. (c) Age of husband or wife if alive **dec'd** years  
7. Birth date of deceased. **April 19th 1900**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**46 6 27**  
hr. min.

9. Birthplace **Hot Springs - Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **nil**

MOTHER FATHER

12. Name **Mathew Gillam**  
13. Birthplace **Little Rock Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mamie Duke**  
15. Birthplace **Durham No. Carolina**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie B. Gillam**  
(b) Address **1023 Arch St. Little Rock, Ark**

17. (a) **Removal** (b) Date thereof **11/18/1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Little Rock Arkansas**

18. (a) Signature of funeral director **Charles J. Gates**  
(b) Address **4107 Finney Ave.**

19. (a) **Nov 18 1946** (b) **J. F. Bredel**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **6-11-46**  
(c) City or town **St. Louis** **1917**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4330 Enright Ave**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16**  
year **1946** hour **7** minute **35**  
21. I hereby certify that I attended the deceased from  
**10-10-** **1946** to **11-16** **1946**  
that I last saw her alive on **Nov. 16** **1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of Breast, right with**  
**Metastasis to long bones,**  
**cox vertebrae and lungs.**  
Duration **Uncet.**

Due to \_\_\_\_\_  
Other conditions **No**  
(Include pregnancy within 3 months of death) **50**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Yes**  
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 **E. B. Wilcox** (M. D. or other) **11/18/46**  
Address **2601 Whittier** Date signed **11/18/46**

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**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.....

*Thomas J. Peters*

Licensed Embalmer No. 4259

P. O. Address 4107 7<sup>th</sup>

**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.**