

FILED FEB 3 1947
318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(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 13 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Elam

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct. 16th 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 7 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Robert Elam

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Horrell

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Earl M. Elam
(b) Address Chicago, Illinois

17. (a) Burial (b) Date thereof 1-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Avenue

19. (a) JAN 23 1947 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1117

(d) Street No. 4236 Easton Ave
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 7, 1947, to Jan. 20, 1947
that I last saw him alive on Jan. 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease with Decompensation

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No

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) (z) Means of injury 0

23. Signature E. B. Williams (M. D. or other) _____
Address 2601 N Whittier Date signed 1/21/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

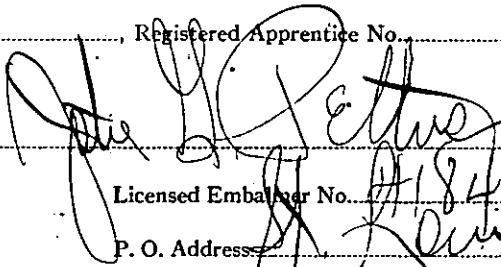
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

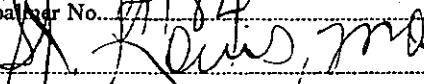
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. #184

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.