

FILED MAY 9 1948
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:
Romer & Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN ELBERT

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

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years abt 60 Months - Days - If less than one day hr. min.

9. Birthplace Boonville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
11. Industry or business City of Sedalia Mo

12. Name John E. Elbert
13. Birthplace Boonville Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Grove Hill
(b) Address Room 8714 Egan Road

17. (a) Burial (b) Date thereof 4-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. D. Ferguson
(b) Address Sedalia Mo

19. (a) APR 29 1948 (b) J. F. Braddock
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis **80**
(c) City or town Sedalia Mo **6**
(If outside city or town limits, write "RURAL")
(d) Street No. 312 W Morgan **4**
(If rural, give location) **NR!**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1947 hour 3:15 minute P. M.

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

Immediate cause of death Dislocation of 3rd and 4th Cervicle Vertebra with Cord Injury; TIME, PLACE, CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.

Due to _____
Due to _____
OPEN VERDICT

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

Major findings:
Of operations _____
Of autopsy _____
1948-2
99

PHYSICIAN
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 Dr. Alfred J. Perry (M. D. or other) **3**
Address Deputy Coroner Date signed 4:26:47

MAY 12 1947

6787

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address dedalica

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 218

Primary Registration District No. 1003

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:

(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

John Elbert

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

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive..... year

7. Birth date of deceased (Month) 11 (Day) 11 (Year) 1960

8. AGE: Year 11 Months 06 Days 11 (Less than one day) hr. 00 min. 00

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR 20
year 194 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

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..... (M. D. or other)

Address..... Date signed.....

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

SUPPLEMENTARY

JUN 13 1940

13034