No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35692

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10184

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: 5023 Westminster Place, (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 time, years, months or days)

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") 17

(d) Street No. 5023 Westminster Place, (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

(12)

3. (a) PRINT FULL NAME Blanche W. Elliot, Elliot

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William H. Elliot,

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

7. Birth date of deceased October 8, 1867 (Month) (Day) 1867 (Year)

8. AGE: Years 80 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife,

11. Industry or business

FATHER
12. Name Edward Wilkerson, SON
13. Birthplace Lynchburg, (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Virginia Cline,
15. Birthplace Culpeper, (City, town, or county) Virginia, (State or foreign country)

16. (a) Informant Miss Mary Wilkerson,

(b) Address 4933 McPherson Ave., St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/5/47 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary,

(b) Address 4161 Lindell Blvd.

19. (a) NOV 4 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1945, to Nov. 3, 1947 that I last saw her alive on Nov. 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage (kt) Chronic myocarditis

Due to Hypertension

Due to

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

Major findings: Of operations

Of autopsy

Duration: Jan 2, 1945 Since 1944

PHYSICIAN — Underline the cause to which death should be charged statistically.

93

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chris Becke (M. D. or other)

Address 3720 Washington Date signed 11/3/47

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1952

FEB 15 1950

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: Robert T. Sangster

Licensed Embalmer No. 4290

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.