

FILED APR 30 1948 7
Registration District No. _____

Primary Registration District No. 4467-3064 Registrar's No. 839

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
806 Moundale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 806 Moundale
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3: (a) PRINT FULL NAME William N. Elliott

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Olive Ray 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased June 13 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 9 29 hr. min.

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

10. Usual occupation Dealer of Hdw & lumber

11. Industry or business Lumber

12. Name Dr. James A. Elliott

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

14. Maiden name Julia Griffing
(City, town, or county) (State or foreign country)

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

16. (a) Informant Howard Elliott

(b) Address Ferguson 21, Mo.

17. (a) Burial (b) Date thereof Apr. 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Hill Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 4-12-48 (b) Beulah Thompson
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948, hour 9 minute 30 A.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 Myocardial Infarction Duration 2 yrs
Chronic Myocarditis 10 yrs

Due to 928

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? _____ Means of injury _____
Signature R. L. Carnes (M. D. or other) D.O.
Address 3724 Juniper St. Date signed 4-12-48

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

76
6
2

NOV 22 1957

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 L. M. White

Licensed Embalmer No. 3972

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.