FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34537

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8790

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: ST. MARY'S INFIRMARY (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1207a ARMSTRONG ST (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELMER OLIVER

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

4. Sex MALE — 5. Color or race COLORED — 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased MAY (Month) 19 (Day) 1935 (Year)

8. AGE: Years 13 — Months 4 — Days 18 — If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name CHARLES OLIVER
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name JESSIE LEE JONES
15. Birthplace TUSCALOOZA (City, town, or county) ALA. (State or foreign country)

16. (a) Informant CHARLES OLIVER
(b) Address 1207a ARMSTRONG ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK, CEM

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 STODDARD ST.

19. (a) OCT 10 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7th year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1948, to Oct. 10, 1948 that I last saw him alive on Oct 10, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Stenosis

Due to: Rheumatic fever

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. Young (M. D. or other)

Address 2337 [illegible] Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdina

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

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