

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 41424  
Registrar's No. 10696

Registration District No. 318

Primary Registration District No. 1003

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

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:  
2623 ST. VINCENT AV.  
(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 MARY ELLIOTT.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex FE. / 5. Color or race W.  
6. (a) ~~Single, widowed, married,~~  
~~divorced~~ W. 2  
6. (b) Name of husband or wife Joseph T. Elliott.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased APRIL 4 1857  
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace PIEDMONT—WEST VIRGINIA  
(City, town, or county) (State of foreign country)  
10. Usual occupation NIL

11. Industry or business \_\_\_\_\_  
12. Name JAMES COCHRAN  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH MORELAND  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucille Elliott  
(b) Address 2623 St. Vincent Av  
17. (a) BURIAL (b) Date thereof DEC 17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director E. J. Schurr  
(b) Address 3125 Lafayette Av  
19. (a) DEC 10 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2623 ST VINCENT AV.  
(If rural, give location)  
(e) 23 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1948 hour 11 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 1946  
\_\_\_\_\_ 19\_\_\_\_ to Dec 9 1948  
that I last saw her alive on 12-9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 day  
Due to arteriosclerosis

Due to 94  
Other conditions Coronary Atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations no  
Of autopsy no  
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) no  
(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) \_\_\_\_\_  
Means of injury no  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1514 S. Jefferson Date signed 12/10/48

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**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.....

*John B. Vollmer*

Licensed Embalmer No.....

*4014*

P. O. Address.....

*3105 Jeffrey Ave*

**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.**