

S. No. 300  
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FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3206

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>212</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>HOURS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>20 TOWN OVERLAND</u>		4201	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>9427-EVERMAN AVE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) _____		c. (Last) <u>ELLIOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED ?</u>		8. DATE OF BIRTH <u>JUNE 16, 1896</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAPER CARRIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEWS VENDING</u>		11. BIRTHPLACE (State or foreign country) <u>PRAIRIE DU ROCHER, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>JACOB ELLIOTT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DE ROUSE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>STEVE LESINSKI</u>		ADDRESS <u>9427-EVERMAN AV. OVERLAND, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several Hours</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-22</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>1-22</u> , 19 <u>50</u> , and that death occurred at <u>6:35 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John F. Gains, M.D.</u> (Degree or title) <u>U</u>				23b. ADDRESS <u>ST. LOUIS Co. Hosp., Clayton Mo.</u>		23c. DATE SIGNED <u>1-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Free Free Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattersonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-50</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Blomke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Barbara Brodus, Overland, Mo.</u>			

WRITE PLAINLY—USING UNFAADING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.**