

STANDARD CERTIFICATE OF DEATH

State File No. **14231**Registrar's No. **3785**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 14231		Registrar's No. 3785	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1805 N. Garrison					
3. NAME OF DECEASED (Type or Print) Bishop		a. (First)		b. (Middle)		c. (Last) Elder		4. DATE OF DEATH (Month) (Day) (Year) April 19 1952	
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-20-1877		9. AGE (In years last birthday) Months Days Hours Mins. 74 7 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Trenton, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Elder			13b. MOTHER'S MAIDEN NAME Maddie Underwood			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-14-6627		17. INFORMANT'S SIGNATURE OR NAME William Elder		ADDRESS 4664 Labadie			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 6 days Undet. 2	
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? HH3X					
22. I hereby certify that I attended the deceased from 4-13 , 19 52 , to 4-19 , 19 52 , that I last saw the deceased on 4-19 , 19 52 , and that death occurred at 6:20p m., from the causes and on the date stated above.									
23a. SIGNATURE Leland W. Warren, M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-21-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-26-52		24c. NAME OF CEMETERY OR CREMATORY Trenton, Tennessee		24d. LOCATION (City, town, or county) (State) Trenton, Tennessee			
DATE REC'D BY LOCAL REG. APR 22 1952		REGISTRAR'S SIGNATURE Carl Smith, MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard				

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Foster E. Culkin

Licensed Embalmer No. 4198

P. O. Address Thomas 13. 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.