No. 300
10-48

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33737

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2503

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 5 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 562 S. ROCKHILL RD.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 4607
d. STREET ADDRESS (If rural, give location): 562 S. ROCKHILL RD.

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): MAY
c. (Last): ELLIOTT

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 29 1952

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: NOV. 16, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): WYANDOTTE COUNTY, KANSAS 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Isaac Elmo Elliott

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nona Lee White — ADDRESS: 562 S. Rock Hill Rd.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture of neck of right femur — INTERVAL BETWEEN ONSET AND DEATH: 7-8-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
9000

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 135 21
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Webster Groves St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 8 1952 A
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell on steps at home

22. *I hereby certify that I attended the deceased from* 12-18, 1948, *to* 9-29-, 1952, *that I last saw the deceased alive on* 9-27-, 1952, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Goodrich, M.D.
23b. ADDRESS: 19 E. Lockwood, Webster Groves 19, Mo.
23c. DATE SIGNED: 9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL VIA MOTOR
24b. DATE: 4 9-30-52
24c. NAME OF CEMETERY OR CREMATORY: CROWN HILL CEMETERY
24d. LOCATION (City, town, or county) (State): SEDALIA MO.

DATE REC'D BY LOCAL REG.: 9-29-52
REGISTRAR'S SIGNATURE: Herbert R. Bomke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: MITTELBERG FUNERAL HOME, INC 23 W. LOCKWOOD AVE WEB. GRO. MO.

(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 John S. Dinnehy

Licensed Embalmer No. 4194

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.