

No. 300  
10-48

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20004

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5188**

1. PLACE OF DEATH a. COUNTY <b>20004</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2825 Pine St. Apt. 5</b>		STREET ADDRESS (If rural, give location) <b>2825 Pine St. Apt. 5</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) _____		c. (Last) <b>Elkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 11 1955</b> (Found dead)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>10-8-1903</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b>		IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Maryland / U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>George Elkins, Sr.</b>	

13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Elkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>178-12-4213</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Elkins</b>		ADDRESS <b>2825 Pine St. Apt. 5</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>4221</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:10 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE <b>James M. Kelly</b> (Doctor or title)		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>6-15-55</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-17-55</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		23e. DATE REC'D BY LOCAL REG. <b>JUN 15 1955</b>		23f. REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

23g. FUNERAL DIRECTOR'S SIGNATURE <b>W. Chamberlain</b>		ADDRESS <b>3100 Franklin</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9901 28 MIP

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.....  
Signature of Student Embalmer

NOT EMBALMED  
Signed *Charles Watkins*

Licensed Embalmer No.....

P. O. Address *3100 - Spr*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.