

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4187

State File No. ....

FILED MAR 9 1945 318

Registration District No. .... Primary Registration District No. 1003

Registrar's No. 1613

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:  
City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community 18 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
9 24  
 (d) Street No. 2149 A Stansbury  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Anola C Elliott

3. (b) If veteran, name war No

3. (c) Social Security No. 496-22-6272

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16  
 year 45 hour 1 minute 20 M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
 that I last saw h..... alive on ..... 19.....  
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 12 1883  
(Month) (Day) (Year)

Immediate cause of death Structure of skull  
subdural hemorrhage of brain  
when she was struck by a  
street car. of Brooklyn City  
operated by Ellis Kulahey on St. Louis  
Oct. 14, 1940 about 1:25 p.m.

8. AGE: Years Months Days If less than one day

61 8 4 hr. min.

Other conditions 170  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

9. Birthplace Clay Kentucky Kentucky 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business Small Arms

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb 16 1945

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (1) Means of injury

While at work? work

23. Signature Patrick E. Ingles (AN, D, or other)  
 Address 1300 East Date signed 2-19-45

16. (a) Informant Pauline Elliott

(b) Address 2149 A Stansbury

17. (a) Burial (b) Date thereof 2/20/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) FEB 19 1945 J. F. Medsker  
(Date received local registration) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.