

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. 2312 Angelique St.) St. _____ Ward _____

2. FULL NAME Henry Elbelt
 (a) Residence, No. 2312 Angelique St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds. (If nonresident, give city or town and State)

File No. 15770
 Registered No. 499

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise C. Elbelt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 12, 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Retail Jeweler</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>May, 13, 1933</u>	
	11. Total time (years) spent in this occupation <u>49</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bad Honburg, Germany</u>		
FATHER	13. NAME <u>Simon Elbelt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany</u>	
17. INFORMANT <u>Miss Marie Elbelt</u> (ADDRESS) <u>2312 Angelique St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>May, 16, 1933</u>		
19. UNDERTAKER <u>Walter Mainholzer</u> (ADDRESS) <u>1302 Parson St. St. Joseph, Mo.</u>		
20. FILED <u>5-76-</u> 19 <u>33</u> <u>John L. Bender</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 14, 1933 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1927, to March 6, 1933
 I last saw him alive on March 6, 1933 Death is said to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Heart disease arteriosclerosis
94B
 Other contributory causes of importance:
Arteriosclerosis general

Name of operation Frustrated Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) N.W. Clark, M. D.
 (Address) Phys. & Surg. Bldg. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1933

MAINTAINED FOR BINDING

