

MAR 12 1936

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

Do not use this space.

7690

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No. **St. Anthony's Hospital**
City **St. Louis** (No. **3223 Eads**) St. **17** Ward **1344**

2. FULL NAME

Marvin Elpink
(a) Residence, No. **3223 Eads** St. **17** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan - 31 - 1936**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— — 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

13. NAME **Edward Elpink**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Leopold Mo.**

15. MAIDEN NAME **Violet Stolz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nokomis Ill.**

17. INFORMANT **Edward Elpink**
(ADDRESS) **3223 Eads Ave.**

18. BURIAL, CREMATION, OR REMOVAL **Leopold Mo.** DATE **Feb. 3 1936**

19. UNDERTAKER **Dr. J. H. Meister**
(ADDRESS) **440 16th St.**

20. FILED **558 - 5 1936** 19 **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 1**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 31**, 19**36**, to **Feb 1**, 19**36**

I last saw him/her live on **Feb 1**, 19**36** Death is said

to have occurred on the date stated above, at **5 P.** m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

**Premature Baby
7 1/2 months**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... 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?.....

If so, specify.....

(Signed) **Otto C. Harass**, M. D.

(Address) **3157 1/2 Park Ave**

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.

1347

1347