

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

Do not use this space.

AUG 20 1936

26176

1. PLACE OF DEATH

County Franklin
Township _____
City Washington, Mo. (No. _____, St. _____ Ward)

Registration District No. 247
Primary Registration District No. 3016

File No. _____
Registered No. 65

2. FULL NAME Louis G. Elbert

(a) Residence, No. 110 Elm Street, Washington, Mo. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Florentine Krawitz Elbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26th, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Krakow (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Elbert

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Mike Elbert (ADDRESS) Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE July 11, 1936

19. UNDERTAKER Otto & Co. (ADDRESS) Washington, Mo.

20. FILED July 10, 1936 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936

22. I HEREBY CERTIFY That I attended deceased from June 1, 1936 to July 7, 1936
I last saw him alive on July 7, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Coronary Atherosclerosis Date of onset July 7, 1936
HTA

Other contributory causes of importance: arterio-sclerosis

Name of operation None Date of _____
What test confirmed diagnosis clinical Was there an autopsy? No

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? No
If so, specify _____
(Signed) R. B. Celler M. D.
(Address) Washington Mo.

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.

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