

OCT 5 1936

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

Do not use this space.

35538

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis, Mo. (No.)

Registration District No. **791**
Primary Registration District No. **1003**
City..... 3227a Barrett Street

File No.....
Registered No. **9129**
St. Ward)

2. FULL NAME Alfred Elfeld,

(a) Residence, No. 3227a Barrett Street, 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathilda Elfeld,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1894		
7. AGE YEARS 62	MONTHS 1	DAYS 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping clerk		
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) Not known		
13. NAME Not known		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known		
15. MAIDEN NAME Not known		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known		
17. INFORMANT (ADDRESS) Mrs. Mathilda Elfeld, 3227a Barrett Street.		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's. DATE Sep 4 1936		
19. UNDERTAKER (ADDRESS) Bernie Leidner 949 SEP 3 1936 J. Bredbeck		
20. FILED Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd 1936

22. I HEREBY CERTIFY that I attended deceased from July 15 1936 to Sept 2 1936
I last saw him alive on Aug 31 1936. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Auricular Fibrillation from Hyperthyroidism
Date of onset 6/6

Other contributory causes of importance:

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) H. A. White, M. D.
(Address) 1511 E Grand Bl.

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.

WHITE PEARLITE WITH WRAPPING INSIDE THIS IS A PERMANENT RECORD

