

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

4947  
Do Not Use This Space.

DEED MAR 13 1939

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 or ..... City of St. Louis, Mo. (d) Street No. City Infirmary. St.  
 (c) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1640**

2. PRINT FULL NAME

U. S. P. Annie Elias,  
 (a) Residence, No. 5800 Arsenal St. St. 13 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Elias.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1853.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 86 X X

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.  
 9. Industry or business in which work was done, as 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) Germany. 15

FATHER 13. NAME Unknown. 16

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 9

MOTHER 15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) E. Molony  
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmery Cem DATE Feb 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Gebben  
2842 Mesquite St.  
J. B. Brubaker  
Local Registrar.

20. FILED FEB 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1927, to February 19, 1939  
 I last saw h. er alive on February 19, 1939. Death is said to have occurred on the date stated above, at 11:20 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? H. & P. 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) William Sapsu M. D.  
 (Address) 5600 Arsenal St.

**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.....

*No Embalming*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**