

JUL 12 1939

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

20267  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791  
(b) Township..... Primary Registration District No..... 1008 Registered No..... 5111  
(c) City St. Louis (d) Street No..... 3412 Montana St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John D. Els

(a) Residence, No. 3412 Montana St. 15 (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 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 Kate Els

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumber  
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 (year spent in this occupation)

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

FATHER 13. NAME Daniel Els

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

MOTHER 15. MAIDEN NAME Ida Vissering

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

17. INFORMANT Kate Els  
(ADDRESS) 3412 Montana

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE June 7 1939

19. FUNERAL DIRECTOR (NAME) Wm. Schumacher  
(ADDRESS) 3013 Meramec St.

20. FILED JUN 6 1939 19 J. D. Brueck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1897, to June 4 1939  
I last saw him alive on June 4 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Intra Spinal Tumor of the 10\* dorsal vertebrae  
Causes of 8\* 9\* 10\* dorsal vertebrae -

Date of onset

Other contributory causes of importance:

Complete paralysis from the lumbaria down involving shoulder - taken 6 mo

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) W. D. Schumacher M. D.  
(Address) 3107 Central St

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.

**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.....  
*Conence Hochow*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Conence Hochow*.....

Licensed Embalmer No. *3093*.....

P. O. Address *3013 Meramec*.....

**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.**