

10-39  
17-39  
K21492

FILED SEP 1 1940

Registration District No. **784**

Primary Registration District No. **104**

Registrar's No. **1638**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Ferguson, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **313 N. Florissant**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Elizabeth Danzinger 525**  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married** **widowed**  
**(b) Name of husband or wife** **Rudolph F. Danzinger** **Age of husband or wife if alive** **DEAD** **years**  
**7. Birth date of deceased** **Nov. 1 1876**  
 (Month) (Day) (Year)

**8. AGE:** Years **64** Months **9** Days **26** If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Germany**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** **Housekeeper**

**12. Name** **Johann G. F. Schoene**

**13. Birthplace** **Germany**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Ida Minna** **Strand**  
 (City, town, or county) (State or foreign country)

**15. Birthplace** **Germany**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **J. M. White**

**(b) Address** **313 N. Florissant, Ferguson, Mo.**

**17. (a) Cremation** **(b) Date thereof** **Aug. 28-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **V alhalla Crematory**

**18. (a) Signature of funeral director** **L. M. White**  
**(b) Address** **118 N. Florissant Rd. Ferguson**

**19. (a) AUG 28 1940** **(b) R. Meyer M.D.**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Ferguson**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **313 N. Florissant**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **40** years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **August**, day **27<sup>th</sup>**  
 year **1940** hour **2** minute **45** P. M.

**21. I hereby certify that I attended the deceased from** **Jan 10<sup>th</sup>**  
 \_\_\_\_\_, 19**40**, to **Aug. 27**, 19**40**;  
 that I last saw **her** alive on **Aug. 27**, 19**40**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolus Sudden**

Due to **Chronic Valvular heart disease**

Due to **Arteriosclerosis**

Other conditions **Chronic Cholecystitis**  
 (Include pregnancy within 3 months of death)

Major findings: **92a**  
 Of operations \_\_\_\_\_  
 Of autopsy **not made**

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_

**(b) Date of occurrence** \_\_\_\_\_

**(c) Where did injury occur?** \_\_\_\_\_  
 (City or town) (County) (State)

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** \_\_\_\_\_  
 (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** **Frank V. Koch** **(M. D. or other)** **1**  
**Address** **3500 N. Grand Blvd** **Date signed** **8-27-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

See affidavit no 276 in mine file 1940

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Larry M. White*

Licensed Embalmer No. *3973*

P. O. Address *142 N. J. Avenue*

**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.**

*Herquon*