

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32916
7868
Registrar's No.

Registration District No. 7 Primary Registration District No. 1

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 4127 Glasgow Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME Mary Catherine Elmendorf
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Louis Elmendorf 6. (c) Age of husband or wife if alive Deed. years
7. Birth date of deceased March 1st, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 29 hr. min.

9. Birthplace Weldon Springs, Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Mathais Heinrich
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Louise Daniel
15. Birthplace New Orleans, La 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. J. Elmendorf
(b) Address 4127 Glasgow Ave.

17. (a) Burial (b) Date thereof 10-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Provost Wnd. Co.
(b) Address 3710 The Strand Blvd.

19. (a) OCT 2 1941 (b) J. J. Bredels
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4127 Glasgow Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th.
year 1941 hour 11.30 minute A. M.
21. I hereby certify that I attended the deceased from 7/28/41
_____, 19____, to 9/30/41, 19____;
that I last saw her alive on 9/30/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Chronic Myocarditis
Due to _____
Due to _____
Other conditions Chronic arthritis
(Include pregnancy within 3 months of death)
Major findings _____
Of operations _____
Of autopsy 9 3 C

Duration
7/28/41 to 9/30/41
Several months
PHYSICIAN
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) no
(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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Wilbur J. Hoke, M.D. (M. D. or other)
Address 427 National Bridge Date signed 10/1/41

W.J. Hoke
4278 Hwy 12
12-3

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 me

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

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

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.