S. No. 2
—1-4-41
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P I - X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7807

Registration District No. FILED MAR 2 1942 Primary Registration District No. 105 Registrar's No. 419

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town GLENDALE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1180 NORTH BERRY RD. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 YRS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town GLENDALE (If outside city or town limits, write "RURAL")
(d) Street No. 1180 NORTH BERRY RD. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3. (a) PRINT FULL NAME EDWIN ERNEST ELZEMEYER
3. (b) If veteran, name war No.
3. (c) Social Security No. 494-09-1256
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELDA ELZEMEYER
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased JANUARY 18 1894 (Month) (Day) (Year)
8. AGE: Years 48 Months 1 Days 4 If less than one day — hr. — min.
9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation PRESIDENT
11. Industry or business AMERICAN PULVERIZING CO
MOTHER FATHER
12. Name ERNEST H. ELZEMEYER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
14. Maiden name MINNIE BERTHOLD
15. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant
(b) Address 7215 W Florissant
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof FEB-24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CREMATORY
18. (a) Signature of funeral director Parker Funeral Co
(b) Address WEBSTER GROVES, MO.
19. (a) FEB 24 1942 (Date received by Registrar) (b) C.G. McCausland M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour 3 minute PM M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Natural causes.	
Due to: Coronary occlusion	
Due to: 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Yes	

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)
(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) While at work? (e) Means of injury 7
23. Signature Louis H Bopp (M. D. or other) Address Kirkwood Mo Date signed 2/23/42

(Licensed Embalmer's Statement on Reverse Side)

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 E. E. Tolchuck

Licensed Embalmer No. 1332

P. O. Address Jackson Grove Me

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, fact should be so stated above.