S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8513

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2784

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3303 Indiana Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 24 000 17 9

(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 3303 Indiana Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Ellspermann,

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary W. Elspermann

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 3rd, (Day) 1861. (Year)

8. AGE: Years 80 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) 0 Missouri. (State or foreign country)

10. Usual occupation Real Estate Business.

11. Industry or business

FATHER
12. Name John Ellspermann
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mary W. Ellspermann
(b) Address 3303 Indiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30, 1942. (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cem.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) MAR 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th, year 1942. hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 1942, 1942, to 3/26, 1942
that I last saw him alive on 3/26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 8 7

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Albert Bode (M. D. or other)
Address 317 S. Jefferson Date signed 3/27/42

(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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.