V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12572
Registration District No. 391 Primary Registration District No. 1003 Registrar's No. 3738

1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24yrs.2mos.11dys. (Specify whether years, months or days)
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 19 000
(c) City or town St. Louis 19 17 (If outside city or town limits, write "RURAL")
(d) Street No. No Home 9 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLA EMGRUND
3. (b) If veteran, name war –
3. (c) Social Security No. –
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9-19-1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 6 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House-work
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
16. (a) Informant L. Deggendy
(b) Address 5400 Arsenal Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) APR 27 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)
847

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1942 hour 3:00 minute A. M.
21. I hereby certify that I attended the deceased from 7-1-41, 19..., to 4-25-42, 19...; that I last saw h. 1m alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	years
Due to: Arteriosclerosis	years
Due to:	
Other conditions: Epilepsy & Psychosis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy: Cardiac Hypertrophy, Edema of Lungs, Hydrothorax

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 0
23. Signature Walter Ford (M. D. or other)
Address 5400 Arsenal Date signed 4-26-42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.