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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22242

FILED JUN 29 1942

State File No. _____
Registrar's No. 1345

Registration District No. _____ Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(c) Name of hospital or institution:
2422 Mary Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Jennings
(d) Street No. 2422 Mary Ave.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Louis Els.
(b) If veteran, name war No
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
year 1942 hour 3.30 minute P.M.
21. I hereby certify that I attended the deceased from Sept. 9-1942
that I last saw him alive on _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Els.
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Dec. 8, 1871

Immediate cause of death Respiratory Failure
Due to Carcinoma Left Lung
E. E. Johnson to Brain

8. AGE: Years 70 Months 6 Days 12

Other conditions 55d
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Germany
10. Usual occupation Cabinet maker
11. Industry or business _____
12. Name ? Els.
13. Birthplace Germany
14. Maiden name Don't know
15. Birthplace Germany

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature John D. Waltham
Address St. Louis County Hosp Date signed 6/22/42

16. (a) Informant Mrs. Anna Els.
(b) Address 2422 Mary Ave.
17. (a) Burial (b) Date thereof June 23, 1942
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiemo Ave.
19. (a) JUN 22 1942 (b) E. E. Johnson

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

76
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707

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22242

Registration District No. 784

Primary Registration District No. 200

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2422 Mary Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Els

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife anna 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 8 1897
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 0 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 20 Year 1942 hour _____ minute 30 P.M.
21. I hereby certify that I attended the deceased from 5-9-42 to 6-20-42, 19____
that I have a lawfully live on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-22242