

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

12019

State File No. _____

3732

Registrar's No. _____

APR 22 1943
Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
3458 / Oregon Avenue
(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)

3. (a) PRINT FULL NAME..... Elsa Daeumer

3. (b) If veteran, name war.....
3. (c) Social Security No..... None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... Ferdinand A. Daeumer
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... November 25th 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 26 hr. min.

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

10. Usual occupation..... At Home

11. Industry or business.....

MOTHER FATHER

12. Name..... Gustave F. Vogel
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Emelia Pommer
15. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. G. F. Vogel
(b) Address..... 3458 Oregon Ave.
17. (a) Burial (b) Date thereof..... 4 / 23 / 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthew's Cemetery
18. (a) Signature of funeral director..... BEIDERWIEDEN F. HOME, INC.
(b) Address..... 1936 St. Louis Avenue

19. (a) APR 22 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 3458 Oregon
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 20th
year..... 1943 hour..... 9 minute..... 00 P.M.

21. I hereby certify that I attended the deceased from.....
2-2-1943 to..... 4-20-1943;
that I last saw her alive on..... 4-20-1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary occlusion
Duration..... 1 day

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..... J. F. Brudeck (M. D. or other) MD
Address..... 3616 S. B. Blvd Date signed..... 4-21-43

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

844

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.....

Julius J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. James

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.