

FILED JUN 4 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4680**

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:
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(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

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. **5102a Page** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
No attending physician
If yes, name country.....

3. (a) PRINT FULL NAME **Charles A. Elfrank Sr.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **498-01-0672**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ruth** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **December 20 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 28 hr. min.

9. Birthplace **Marble Hill Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Wagner Electric**

12. Name **Henry Elfrank**
13. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Kate Sander**
15. Birthplace **Old Appleton Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth Elfrank**
(b) Address **5102a Page**
17. (a) **Removal** (b) Date thereof **5 - 21 - 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lutesville, Mo.**

18. (a) Signature of funeral director **Chas. F. Stuart**
(b) Address **1225 Union Blvd**
19. (a) **MAY 20 1943** (b) **J. P. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**
year **1943** hour **3** minute **10** A. 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.

Immediate cause of death.....
Coronary Sclerosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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 **James J. Fitzsimmons** (M. D. or other)
Address **1306 Clark** Date signed **5/20/43**

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

MOTHER FATHER

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. W. Wilkinson

Licensed Embalmer No. 3575

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.