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 JUN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19547

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5695

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6149 Etzel Ave NR.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gustave E. Elsner Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lillian Elsner

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

7. Birth date of deceased August (Month) 4 (Day) 1864 (Year)

8. AGE: Years 78 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jacob Elsner
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Jacob Elsner
(b) Address 6149 Etzel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Leo W. Clark
(b) Address 1125 Hodiamont Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from Feb 14 1943 to June 20 1943 that I last saw him alive on June 19th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Aortic Regurgitation	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertrophy of Prostate	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter E. Harrison (M. D. or other)

Address 5970 Peymaell Date signed 6/21/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter E. Harral.
5970 Plymouth ave.
4-5. P.M.
Ca. 0854.

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 [signature]

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.
St. Louis, Mo.

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.