

FILED MAR 6 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5068

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1831

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3331 Leola
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Carl Elges

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-07-9193

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 44 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 21 1944 to Feb 22 1944
that I last saw him alive on Feb 22 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

6. (a) Single, widowed, divorced, Married

6. (b) Name of husband or wife Amanda Elges

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: 5 (Month) 3 (Day) 1878 (Year)

Immediate cause of death acute atelectasis of common duct Duration 2 mos.

Due to 60. Head of operation cancer 2 yrs

Due to Hepatic

Other conditions Tamponade of portal vein

8. AGE: Years Months Days If less than one day

65 9 19 hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy same

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Cabinet Maker

11. Industry or business Huttig Sash & Door Co.,

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown (City, town, or county) (State or foreign country) 9

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Amanda Elges

(b) Address 3331 Leola, St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery, C. Hollmeister and Livery Co.,

18. (a) Signature of funeral director _____

(b) Address 6464 Chippewa, St. Louis Mo.

19. (a) FEB 24 1944 (Date received local registrar) (b) J. S. Brueck (Registrar's signature)

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 Herbert S. Lutz (M. P. or other) _____

Address 3651 Brandel Date signed 2/23/44

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 Linus C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S. Broadway

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.