

FILED MAY 15 1948

Registration District No. 1948

Primary Registration District No. 1003

Registrar's No. 4191

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

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.

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

(c) Name of hospital or institution:
6018 Morganford Rd.
(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

3. (a) PRINT FULL NAME William J. Elson,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-14-7130

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edith M. Elson 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 7th, 1895.
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tool Die Maker

11. Industry or business _____

12. Name William J. Elson

13. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Thomas

15. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Edith M. Elson.

(b) Address 6018 Morganford Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8th, 1944.
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Deegenheim Bros.

(b) Address 6409 Travois Ave.

19. (a) MAY 5 1944 (Date received local registrar) G. T. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6018 Morganford Rd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th,
year 1944. hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 13 6th to May 4 1944
that I last saw him alive on May 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Ulcers Duration _____
(Pt. Upper Esoph. - cause of death)

Due to Septic Ulcers of Esophagus

Due to Septic Ulcers of Esophagus

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Esophageal Ulcer Duodenitis

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)

(a) Means of injury _____

23. Signature G. T. Breda (M. D. or other) _____

Address 3833 Washington Date signed 5/5/44

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.....

Homer W. Prutz

Licensed Embalmer No.....

3882

-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.