V. S. No. 2
00M—5443
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25504

FILED JUL 21 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6691

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: 2126 Allen 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 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2126 Allen Avenue 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARENCE FREDERICK ELSMAN

3. (b) If veteran, name war Nil

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ina D.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 9, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Humboldt, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business self

MOTHER FATHER
12. Name Henry F. Elsman
13. Birthplace ? Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann E. Koch
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ina D. Elsman
(b) Address 2126 Allen Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) (Date received by Registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1947 hour 1:25 minute a M.

21. I hereby certify that I attended the deceased from Dec. 13 1947 to July 14 1947
that I last saw him alive on July 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James M. Hagen (M. D. or other)
Address 2026 N. Jefferson Date signed July 14 1947

(Licensed Embalmer's Statement on Reverse Side)

Dr. James Haven
2027a So. Jefferson

OK

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 D W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette Ave

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.