S. No. 3
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

Primary Registration District No.

State File No. 29015

Registrar's No. 2793

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 Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County: 070

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 So. Grand 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 17

If yes, name country

3. (a) PRINT FULL NAME Martin A. Elsner

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased Nov. (Month) 5 (Day) 1865 (Year)

8. AGE: Years 81 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

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

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Germany (State or foreign country) U

16. (a) Informant Dr. Erwin Elsner
(b) Address 1504 Sol Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave

19. (a) AUG 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1947 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from April 1946 to Aug 14 1947 that I last saw him alive on Aug 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 0

23. Signature Edward J. Welbing (M. D. or other) MD

Address 3903 Olive Date signed 8-15-47

St. Louis 8 Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Frank Owens.....

Licensed Embalmer No. 2245.....

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.