

FILED AUG 18 1947

3063

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospt  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Mount Pleasant 3  
(If outside city or town limits, write "RURAL")

(d) Street No. Link & Lindbergh 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry E. Elgasser

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2  
year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced..... S

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

7. Birth date of deceased May 4 1876  
(Month) (Day) (Year)

Immediate cause of death fractures of legs, arms, multiple injuries & shock suffered when struck by an auto-  
mobile.

Duration

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

71 2 29 hr. min.

Due to 170

9. Birthplace Mount Pleasant Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

11. Industry or business.....

12. Name Frank Elgasser

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

14. Maiden name Louisa A. Rossvag

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

Major findings:  
Of operations.....

XXXXXX

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant Mollie Elgasser  
(b) Address Creve Coeur, Mo. R#1

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

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Bauman Brothers Inc  
(b) Address 2504-Woodson Rd-Overland Mo

19. (a) 8-5-47 (b) Cecil J. Hampton  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 16

(b) Date of occurrence August 2, 1947. 96

(c) Where did injury occur? St. Louis County, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road.  
(Specify type of place)

While at work? Blunt Impact  
Means of injury Car

Signature Arnold J. Willmann (M. D. or other) 3  
Address Clayton, Mo. Date signed 8/5/47

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

MOTHER FATHER

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 \_\_\_\_\_

*Oscar F. Mueller*

Licensed Embalmer No. 7039

P. O. Address Overland 14 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.