S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36667

FILED NOV 14 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2315

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town n ~~St. Louis~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Halls Ferry Memorial Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5245 Alcott Ave. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Elvina Kulage
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb (Month) 4 (Day) 1886 (Year)

8. AGE: Years 61 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation House work
11. Industry or business
FATHER
12. Name Albert Carl
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Mary Schweicket
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant William F. Kulage
(b) Address 5245 Alcott Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Park Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.
19. (a) 11-4-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1947 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from Jan 30, 1946, to Nov 1, 1947, that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis and Nephritis

Due to

Due to 1318

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) No
(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
Signature W. S. Gaver (M. D. ~~or other~~)
Address 2739 N. Grand Date signed 11-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1948

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 Gustav W. Quitzke

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.