

S. No. 2
M-1/47
5-17-39

State File No.

FILED MAR 23 1948
Registration District No.

Primary Registration District No. 1003

Registrar's No. 2553

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17
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 week
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... 000

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

(d) Street No..... 2012 Withnell 9
Memorial (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME..... WILLIAM ELLSPERMANN

3. (b) If veteran, name war.....

3. (c) Social Security No. 489-16-4386

4. Sex..... M 0 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..... 3 years 1871 (Year)

7. Birth date of deceased..... Jan 3 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 12th
year..... 1948 hour..... 2 minute..... 30 P. M.

21. I hereby certify that I attended the deceased from..... 3/5/48
....., 19....., to..... March 12th, 1948
that I last saw him alive on..... March 12th, 1948
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>2</u>	<u>9</u> hr. min.

9. Birthplace..... St Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired Balcksmith

Immediate cause of death..... Pneumonia 24 hr

Due to..... Congestive Heart Failure 2 wks

Due to..... Coronary arteriosclerosis 4 years

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

11. Industry or business.....

12. Name..... John Ellspermann

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

14. Maiden name..... Mary

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

16. (a) Informant..... William Ellspermann
(b) Address..... 3303 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3/15/48
(Month) (Day) (Year)

(c) Place: burial or cremation..... Old St Marcus Cemetery

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

19. (a) MAR 15 1948 (Date received local registrar) (b) J. F. Br... (Registrar's signature)

Major findings:
Of operations.....

Of autopsy.....

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) 0

While at work?..... (e) Means of injury.....

23. Signature..... John Ellspermann M.D. 3/12/48
1515 Lafayette (City or town) (State)
Address..... Date signed.....

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 _____

W. G. Peterson

Licensed Embalmer No. _____

3767

P. O. Address _____

7027 Gravois

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.