

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42442

State File No. _____

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1111</u>		Registrar's No. <u>11113</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>enroute to City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>12-5212 Waterman Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>Phillip</u>		c. (Last) <u>Elsperman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>4-17-1883</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpet - Furniture</u>		11. BIRTHPLACE (State or foreign country) <u>Evansville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dan Elsperman</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Orth</u>		14. NAME OF HUSBAND OR WIFE <u>Not Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tillie Elsperman-Evansville, Indiana</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Rheumatic Heart Disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>93</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H/BX</u>			
22. I hereby certify that I attended the deceased from <u>12-17-49</u> to <u>12-16-49</u> , that I last saw the deceased alive on <u>12-16-49</u> and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alvin M. Males, M.D.</u> (Degree or title)				23b. ADDRESS <u>819 Univ. Club Bldg.</u>		23c. DATE SIGNED <u>12-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evansville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Evansville, Ind</u>	
DATE REC'D BY LOCAL REG. <u>DEC 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. P. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <u>Albert H. Hoppe 4700 Washington</u>			

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

STOTT

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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 ME

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer - 31-51 1-11

Signed W. W. Wilkins

Licensed Embalmer, No. 3575

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.