

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2453

State File No. 647

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		a. STATE <b>Missouri</b> b. COUNTY <b>2217</b>		
c. LENGTH OF STAY (in this place) <b>7 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2534 University Street</b>		d. STREET ADDRESS (If rural, give location) <b>2534 University Street</b>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		(Year)
a. (First) <b>Julia</b>	b. (Middle) <b>Anna</b>	c. (Last) <b>Elson</b>	(Month) <b>January</b>	(Day) <b>17th</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 24th, 1878</b>	
9. AGE (In years last birthday)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<b>71</b>		<b>None</b>	<b>Missouri</b>	<b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	14. NAME OF HUSBAND OR WIFE <b>Late Elmer Elson</b>	
13a. FATHER'S NAME <b>Hans Linnet</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Stier</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elsie E. Luserke, 2534 University Street</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		ADDRESS <b>2534 University Street</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>		
ANTECEDENT CAUSES		DUE TO (b) <b>Coronary sclerosis</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Hypertensive heart disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>2-3, 1948</b> , to <b>1-17, 1950</b> , that I last saw the deceased alive on <b>1-14, 1950</b> , and that death occurred at <b>3:00 P.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>M. Norman Orzel</b>		23b. ADDRESS <b>M.D. 508 North Grand, St. Louis</b>		23c. DATE SIGNED <b>1-19-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/21/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
DATE REC'D BY LOCAL REG. <b>JAN 21 1950</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd</b>		

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

Mr. Norman Page  
Metropolitan Bldg.  
508 N. Grand Bldg.  
Lincoln 7600

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

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.