

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18015

FILED JUN 9 1951

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State File No.

Registrar's No. 4428

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Village of Hillside 4161</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2121 67 St., 1</u>					
3. NAME OF DECEASED (Type or Print) <u>HERBERT</u>			a. (First)		b. (Middle)		c. (Last) <u>ELZ.</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1951.</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 10, 1894.</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salvage man for</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Kroger Gro. Store</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>? Elz.</u>			13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>			14. NAME OF HUSBAND OR WIFE <u>Agnes Elz,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Agnes Elz, 2121 67 St.,</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES						<u>4/36</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Chronic Hepatitis</u>						<u>Indefinite</u>	
		DUE TO (c) <u>Nephrosclerosis</u>						<u>Indefinite</u>	
		II. OTHER SIGNIFICANT CONDITIONS						<u>Indefinite</u>	
		<u>Chronic Enterocolitis</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) _____	
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? <u>H/H6X</u>					
22. I hereby certify that I attended the deceased from <u>3/5</u> 19 <u>51</u> to <u>5/9</u> 19 <u>51</u> , that I last saw the deceased alive on <u>5/9</u> 19 <u>51</u> , and that death occurred <u>6:45 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Agnes Elz</u>				23b. ADDRESS <u>7503 Florence Rd</u>		23c. DATE SIGNED <u>5/11/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cem.,</u>		24d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>MAY 11 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Leuter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Job. W. Clark, 1125 Hodiamont Ave.,</u>				

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

Dr. E.G. Mellies,
7503 Florissant Rd.,
12-2 P.M. Fl. 6631.

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

Robert W. Murray

Licensed Embalmer No. *3749*

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.