

FILED DEC 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1003

318

10783

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 admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Hospital</u>		18. STREET ADDRESS (If rural, give location) <u>3545 Hartford</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adele</u> b. (Middle) c. (Last) <u>Elsner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/3/51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>Jan. 5, 1884</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Rudolph Homann</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Essman</u>		14. NAME OF HUSBAND OR WIFE <u>Richard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. L. W. Beer-3438 Russell Blvd.</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>Cerebral hemorrhage</u>		DUPLICATE (b) <u>Hypertension</u>			<u>20 m/y</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)			<u>5 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Cystitis</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>321X</u>	

22. I hereby certify that I attended the deceased from 10³⁴ to Dec 3, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 4:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Nette Rudan</u>		23b. ADDRESS <u>3903 Olive St</u>		23c. DATE SIGNED <u>12/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>12/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Heldel - 3634 Gravois</u>			
DATE REC'D BY LOCAL REG. <u>DEC 5 1951</u>		REGISTRAR'S SIGNATURE <u>E. Smith M.D.</u>			

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

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.....

Frank J. Dylamand Jr.

Licensed Embalmer No. *2645*

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.