

No. 300
10. 48

FILED FEB 26 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7512**
1603
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2249	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 24 3650a California Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital,			

3. NAME OF DECEASED (Type or Print)	a. (First) Luella	b. (Middle) M. Elmendorf	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) February 8, 1953
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH March 6, 1907	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, C		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Stella Guthriens,	14. NAME OF HUSBAND OR WIFE Lawrence F. Elmendorf
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-26-1179	17. INFORMANT'S SIGNATURE OR NAME Lawrence F. Elmendorf	ADDRESS 3650A Califor
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema		INTERVAL BETWEEN ONSET AND DEATH 3 yrs 3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchitis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Pulmonary Tuberculosis) (untreated)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 5020A
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22. I hereby certify that I attended the deceased from **1/30, 1953,** to **2/8, 1953,** that I last saw the deceased alive on **2/8, 1953,** and that death occurred at **2:00 P.M.,** from the causes and on the date stated above.

23a. SIGNATURE Harold A. Franklin M.D.	(Degree or title)	23b. ADDRESS 16 Hampton Village Plaza	23c. DATE SIGNED 2/10/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 2/12/53	24c. NAME OF CEMETERY OR CREMATORY. Resurrection Cemetery, St. Louis County, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 10 1953 J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St. Louis, 18, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.

Signed

Joe S. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 14249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.