

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43557**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11888**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) **Life**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Walton Nursing Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo**
b. COUNTY **21990**
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **19 4527 Forest Park Walton Nursing Home**

3. NAME OF DECEASED
a. (First) **Elsie** b. (Middle) **Fruehling** c. (Last) **Elliott**
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 28, 1954

5. SEX
F

6. COLOR OR RACE
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
May 28, 1883

9. AGE (In years last birthday) **71 yrs**
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)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Max. Fruehling

13b. MOTHER'S MAIDEN NAME
Minnie Vogt

14. NAME OF HUSBAND OR WIFE
none

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.
488-03-8651

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. Ray T. Elliott 3152A Watson

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) **DUODENAL ULCER WITH HEMORRHAGE**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
PARALYSIS AGITANS.
ARTERIO SCLEROTIC HEART DISEASE
ARTERIO SCLEROSIS, GENERAL
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 YEARS
2 YEARS
3 YEARS
7 YEARS

19a. DATE OF OPERATION
None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?
4200

22. I hereby certify that I attended the deceased from **JUNE**, 19**47**, to **Dec**, 19**54**, that I last saw the deceased alive on **28 DEC**, 19**54**, and that death occurred at **10:00 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John W. Seddon MD

23b. ADDRESS
4500 West Pine Blvd. St. Louis Mo

23c. DATE SIGNED
29 Dec '54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Dec. 30, 1954

24c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.
DEC 29 1954

REGISTRAR'S SIGNATURE
Charles Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Alexander & Sons 17 1/2 Elm

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

Dr John W Seddon

4500 W Pine

FO 1-5400

Je 3-5858

FO 7 4757

5341 Waterman

} will call at 1-130

FO 7-6400 arthritis clinic after 2

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.....
Signature of Student Embalmer

Signed Stanley H Dixon

Licensed Embalmer No. 419

P. O. Address St. L.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.