

# UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041829

FILED VS NOV 3 0 1959

210258

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4511 Alaska</b>		d. STREET ADDRESS (If outside, give location) <b>4511 Alaska</b>	
3. NAME OF DECEASED (Type or print) First <b>Elsa</b> Middle <b>Fleck</b> Last		4. DATE OF DEATH Month <b>Nov.</b> Day <b>5</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 27, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Depke</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmena Klinker</b>	
14. NAME OF HUSBAND OR WIFE <b>James (Deceased)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Dorothy Freukes 4511 Alaska</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>331X</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:36</b> a.m. <b>p.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>St. Louis, County, Missouri</b> STATE	
21. I attended the deceased from <b>7:36 P.</b> to <b>7:36 P.</b> and last saw her <b>him</b> alive on <b>Nov. 9, 1959</b> Death occurred at <b>301A Meramec St.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Patrick E. Taylor Corne</b> (Deceased or title)		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>11-9-59</b>		23. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Churchyard</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Schumacher's</b> ADDRESS <b>301A Meramec St.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 9 1959</b>	
26. REGISTRAR'S SIGNATURE <b>Paul Smith. M.D.</b>		27. BY AFFIDAVIT OF	

(Licensed Embalmer's Statement on Reverse Side)

mgb

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

*Jack Haupt*

Licensed Embalmer No. 4746

P. O. Address St Louis

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.