

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

791  
1003

14594  
4090

1. PLACE OF DEATH

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City..... St. Louis, Mo. (No. Barnes Hosp. .... St. .... Ward)

2. FULL NAME Louise Elchinger

(a) Residence, No. 2723 Elliott St., 20 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDWARD ELCHINGER		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 9, 1862		
7. AGE YEARS 74	MONTHS 9	DAYS 7
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	HOUSEWIFE
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO. (STATE OR COUNTRY)

13. NAME ENGLEBERT HAUSER

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

15. MAIDEN NAME CHRISTINE BEISER

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT EDWARD ELCHINGER (ADDRESS) 2723 1-2 ELLIOTT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MICHAEL'S CHURCH, DATE APRIL 20, 1937

19. UNDERTAKER Goodheart & Goodheart (ADDRESS) 3228 St. Louis Ave

20. FILED APR 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 th 19 37

22. I HEREBY CERTIFY, That I attended deceased from April 6th 1937, to April 16th 19 37

I last saw her alive on April 16th 19 37 Death is said to have occurred on the date stated above, at 10.05 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus  
Coronary occlusion

Date of onset ?  
4-6-37

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) R. Williams, M. D.

(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

899

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