

No. 2  
4-13-40  
5-17-39  
X23159

MAILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12442

State File No. ....

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2872**

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

1. PLACE OF DEATH:  
(a) County **St. Louis Mo.**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **941 Park Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **34 Years in St. Louis**  
In this community **34 Years in St. Louis** (Specify whether years, months or days)

3. (a) PRINT FULLNAME **MELIA ELKING**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **George Elking**  
6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **March 17 1892**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **XX** Days **13**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **SYRIA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife.**

MOTHER FATHER {  
12. Name **Mike Risk**  
13. Birthplace **Syria**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Syria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mike Elking**  
(b) Address **941 Park Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 3/4**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **S.S. PETER & PAUL**

18. (a) Signature of funeral director **Thaddeus Kibon**  
(b) Address **2906 Gravelis Ave.**

19. (a) **APR 1 1941** (Date received local registrar) (b) **J. F. Bredbeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **000**  
(c) City or town **ST. LOUIS.** (If outside city or town limits, write "RURAL") **1723**  
(d) Street No. **941 PARK AVE.** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **34 Years** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **MARCH** day **30**  
year **1941** hour **11 45** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **1941** to **Mar. 30**, 19**41**;  
that I last saw **her** alive on **Mar. 30**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis with hypertension**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Diabetic**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **1 1**  
Of autopsy **5 1 1 1 1**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **J. D. Ziegelmeier** (M.D. or other) **MD**  
Address **713 North Meador** Date signed **3/31/41**

**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.....

*Leo Bidde*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Leo Bidde*

Licensed Embalmer No. *3989*

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.**