

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Roosevelt High School 3  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Elvin E. Alsup

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Angeline 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 18 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 4 17 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber's Helper

11. Industry or business Board Of Education

MOTHER FATHER { 12. Name Thomas Alsup  
13. Birthplace Leroy Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Suzana Miller  
15. Birthplace Sullivan Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Angeline Alsup

(b) Address 4135 Oregon Ave.

17. (a) Burial (b) Date thereof 5-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAY 8 1941 (b) J. W. Brudick  
(Date received local registrar) (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")  
(d) Street No. 4135 Oregon Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-1-41, 1941, to 5/3, 1941.  
that I last saw him alive on 5/3, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 3 mo.  
Due to Chronic Hypertension

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

Write at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. W. Brudick (M. D. or other) \_\_\_\_\_  
Address 3958 S. Grand Date signed 5/7/41

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

N. B.—Every item of information should be carefully supplied. 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.

3958 J. Brand  
1-3

**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.....

*Gray J. Guilbault*  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *Gray J. Guilbault*  
.....

Licensed Embalmer No. *2906*.....

P. O. Address *3013 Murray*.....

**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, above space should be left blank.**