. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4779
1526

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Hours
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 25-000 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 923 N. 7th., Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsa Oldendorph
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Edwin G. Oldendorph
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased May 19th., 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	8	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Carl Wegner
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Louise Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mr. Edwin G. Oldendorph
(b) Address 923 N. 7th., Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Church Yard
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) FEB 19 1942 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th., year 1942 hour 1 minute 45 p. M.
21. I hereby certify that I attended the deceased from Feb. 16, 1942 to Feb. 17, 1942
that I last saw him alive on Feb. 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver (Hypertrophic) — Duration
Due to
Due to
Other conditions Ascitis - Anasarca
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature H. L. Gibbs (M. D. or other) M.D.
Address 5298 Page Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

Dr.F.L.Gibbs Ca.3770
5298 Page Blvd.Fo.3770 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.....

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

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.