

FILED JUN 30 1943
318
Registration District No. _____

Primary Registration District No. 1003

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 26 yrs. 2 mo. 7 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 19
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5442 Emerson Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT-FULL NAME Elise Edler
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
year 1943 hour 5 minute 20a.m M.

4. Sex female / 5. Color or race wh
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 6 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-13-17 19 to 6-20-43 19
that I last saw her alive on 6-20-43 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary - Trombosis - 1 day

8. AGE: Years Months Days If less than one day
66 10 14 _____ hr. _____ min.

Due to Cont.-Generalized Arteriosclerosis 15 yrs 6-1-28x

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Waldman Schlaegel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Waldman Schlaegel
(b) Address 3402 N. Kings Highway
17. (a) Burial (b) Date thereof 6/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

PHYSICIAN
Underline the cause to which death should be charged statistically.
94

18. (a) Signature of funeral director Frank J. ...
(b) Address 3402 N. Kings Highway
19. (a) JUN 21 1943 (b) J. S. Bedell
(Date received local certificate) (Registrar's signature)

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 Edward Aschier (M. D. or other) M.D.
Address 5400 Grand S.E. Date signed 6/20/43

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

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.....

Ray W. Wilkinson
.....
Licensed Embalmer No..... *3575*

P. O. Address.....

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.