

FILED SEP 21 1943  
DEPT. OF COMMERCE  
MISSOURI

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29394  
Registrar's No. 8147

Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis Mo.  
(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 5 Months.  
(Specify whether years, months or days)

In this community 30 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN ELEFRITZ

3. (b) If veteran, name war.....

3. (c) Social Security No.....

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

6. (b) Name of husband or wife Alvina 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 8th 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Centralia Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business St Louis Screw Co.

12. Name Isaac Elefritz

13. Birthplace Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Elefritz

(b) Address 4146 N Kingshighway

17. (a) Burial (b) Date thereof Sept 16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem.

18. (a) Signature of funeral director J. J. [Signature]

(b) Address 2906 Gravois Ave.

19. (a) SEP 13 1943 (b) [Signature]  
(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. 4140 N Kingshighway  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1943 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right 4th rib Duration 4  
7th rib laceration of femoral artery  
when he slipped out fell wheels  
striking a bath at City  
Sanitarium Aug 30/1943

Due to 2:10 PM

Other conditions (Include pregnancy within 3 months of death) 186

Major findings:  
Of operations 7/4

Of autopsy.....

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) Accident 000

(b) Date of occurrence Aug 30 1943

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

23. Signature W. H. Perry (M. D. or other)  
Address St. Louis Date signed 9/13/43

**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 *Laird Van Fossan*

Licensed Embalmer No. *4282*

P. O. Address *2906 Morris*

**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.**