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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 20 1946**  
Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11083**  
Registrar's No. **2282**

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: **Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **5 days**  
(Specify whether  
In this community..... **25 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4524 McPherson**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Robert Fritcher Elder**  
3. (b) If veteran, name war..... **No.** 3. (c) Social Security No.....

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced..... **divorced**  
6. (b) Name of husband or wife..... **Clara** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **July 2 1901**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**44 8 5** hr. min.

9. Birthplace **Blue Island, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Commercial Artist**

11. Industry or business **Sprague Studios**

MOTHER FATHER  
12. Name **Robert Hugh Elder**  
13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Fanny Fritcher**  
15. Birthplace **Fostoria Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. H. Kollmer**  
(b) Address..... **5354 Delmar**

17. (a) **removal** (b) Date thereof **3-9-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Pratt, Kansas**

18. (a) Signature of funeral director..... **Alexander Lous**  
(b) Address **6175 Delmar**

19. (a) **MAR 8 1946** (b) **J. Fritcher**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **7**  
year **1946** hour **2:00** minute **30** P.M.  
21. I hereby certify that I attended the deceased from **March 7 1946** to **March 7 1946**  
that I last saw him alive on **March 7 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Embryosis of liver**  
Due to..... **alcoholism**  
Due to..... **17th**  
Other conditions..... **cardiac decompensation**  
(Include pregnancy within 3 months of death)  
Major findings: **none**  
Of operations.....  
Of autopsy..... **no done embryosis, glaucoma**

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..... **June**  
(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. Fritcher** (M. D. or other)  
Address..... **2606 W. R. Harris** Date signed **3-8-46**

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**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 Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

**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.**