

FILED JAN 21 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42803

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 5052

## 1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Amelia Elgasser3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1883  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
65 8 11 hr. 5 min.9. Birthplace Mt. Pleasant Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business various places12. Name Frank Elgasser13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Louisa Rosswag15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Emilie Elgasser Bean(b) Address Farmington, Mo. R#1 Box 12917. (a) Burial (b) Date thereof 12-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Pauls Ev. Cemetery18. (a) Signature of funeral director Burnham Brothers Inc.(b) Address 2504 Woodson Rd. Overland-14-Mo.19. (a) 12-30-48 (b) Thurmond L. Swartz  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Mt. Pleasant  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Lindbergh & Link Rds.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ 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 self-inflicted strangulation by ligature

Duration

Due to \_\_\_\_\_  
Due to 164 aOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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) Suicide  
 (b) Date of occurrence Dec. 28th, 1948  
 (c) Where did injury occur? St. Louis County, Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home Suffo-  
 cation

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury Coroner  
 23. Signature Arnold J. Willmann  
Clayton, Mo.  
 Address \_\_\_\_\_ Date signed 12/30/48

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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 3454

....., Registered Apprentice No.

..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland

**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.**