

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42460

State File No.

| | | | | | | | | |
|---|-------------------------------|--|--|---|--|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 46685 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Mo. b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 40 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp. (O) | | | d. STREET ADDRESS (If rural, give location) 1244 Blackstone (O) | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ELSIE | | b. (Middle) _____ | | c. (Last) FISCHER | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1949 | | |
| 5. SEX Female (f) | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 24, 1892 | | 9. AGE (In years last birthday) 57 | 10. MONTHS _____ | 11. DAYS _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of week; if retired, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Hungary (H) | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Isadore "line" | | 13b. MOTHER'S MAIDEN NAME Unk | | 14. NAME OF HUSBAND OR WIFE Charles | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. Foscher 1244 Blackstone | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Disease, Myocardial Infarction, Pulmonary Embolism, Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97 | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 42711 | | | | |
| 22. I hereby certify that I attended the deceased from June , 1949, to Dec. 11 , 1949, that I last saw the deceased alive on Dec. 11 , 1949, and that death occurred at 4 P. m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Julius Elson, M.D. (f) | | | 23b. ADDRESS 607 N. Grand | | | 23c. DATE SIGNED 12/12/49 | | |
| 24a. BURIAL CREMATION-EMERAL (Specify) Burial | | 24b. DATE 12/13/49 | 24c. NAME OF CEMETERY OR CREMATORY B'nai B'rith | | 24d. LOCATION (City, town, or county) (State) University City Mo. | | | |
| DATE REC'D BY LOCAL REG. DEC 12 1949 | | REGISTRAR'S SIGNATURE J. B. Sarator | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4717 McPherson | | | | |

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lewis Ludwig

Licensed Embalmer No. 4229

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.