

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. **24732**
6439

BIRTH NO. **#68378** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6439**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MISSOURI.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1		e. STREET ADDRESS (If rural, give location) 615 Walnut St., 0	

3. NAME OF DECEASED (Type or Print) WILLIAM ELSTRODT			4. DATE OF DEATH (Month) (Day) (Year) July 6th, 1950		
a. (First)	b. (Middle)		c. (Last)	5. SEX Male	6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 26th, 19	9. AGE (In years last birthday) 69	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Fred Elstrodt	13b. FATHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME M. Renard St. Louis City Hospital #1.	17. ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Sigmoid Distal of Small intestine ANTECEDENT CAUSES Small bowel obstruction DUE TO (b) Small bowel obstruction DUE TO (c) Carcinoma of Rectum II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 15HX
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred **12:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jean C. Gladden M.D.	(Degree or title)	23b. ADDRESS 1515 LAFAYETTE AVE	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) 0	24b. DATE JUL 28 PAID	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State)
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DATE RECD. BY LOCAL REG. JUL 28 PAID	REGISTRAR'S SIGNATURE J. B. Sarater	25. FUNERAL DIRECTOR'S NAME Rowan and Mortuary Service Inc.	ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.