

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2749**

State File No. ....

BIRTH NO. **FILED FEB 5 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0444**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Webster Groves #587</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>683 W. Lockwood</b>		(If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Erwin</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Elsner</b>	<b>January 14, 1954</b>		

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept 23 1896</b>	<b>9. AGE</b> (In years last birthday) <b>57</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>21</b>	<b>IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Dentist.</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>
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<b>13a. FATHER'S NAME</b> <b>Martin Elsner</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Koch</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Helen Elsner</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Helen Elsner</b>	<b>ADDRESS</b> <b>683 W. Lockwood</b>
<b>World War #1</b>			

<b>18. CAUSE OF DEATH</b> 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>	<b>MEDICAL CERTIFICATION.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral edema</b>		
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Subcortical hematoma</b> DUE TO (c) <b>Hypertension</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>Several yrs.</b>	

<b>19a. DATE OF OPERATION</b> <b>1-12-54</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Subcortical hematoma</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>33.7X</b>

**22. I hereby certify that I attended the deceased from Jan. 9, 1954, to Jan. 14, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 1:15 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>C. J. Kemmler, M.D.</i>	(Degree or title) <b>M. D.</b>	<b>23b. ADDRESS</b> <b>BARNES HOSPITAL</b>	<b>23c. DATE SIGNED</b> <b>1-14-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>Jan 16 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 15 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>John L. Ziegenhein</i>	<b>25. EMBALMER'S SIGNATURE &amp; ADDRESS</b> <b>John L. Ziegenhein &amp; Sons</b> <b>7027 Gravois Ave</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Feb 25 1956

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 Donald Bing....., Student Embalmer No. 480 working under my personal supervision..

Student Donald E Bing  
Signature of Student Embalmer

Signed G. P. Kidwell.....

Licensed Embalmer No. 387

P. O. Address 7027 Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.