

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27406

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7239

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>ST. LOUIS MO</u> | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>ST. LOUIS</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>24 2816 MAGNOLIA</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELSIE</u> b. (Middle) - c. (Last) <u>AKA</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 17 1955</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>FEB. 10 1901</u> |
| 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>LUCAS FELD</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>HELEN KRONE</u> | | 14. NAME OF HUSBAND OR WIFE <u>FRANK AKA</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>FRANK AKA 2816 MAGNOLIA</u> | |
| 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) <u>myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis</u> DUE TO (c) <u>Rheumatic Fever</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>410 X</u> | 20. AUTOPSY? YES <input checked="" 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Aug 1, 1955</u> , to <u>Aug 17, 1955</u> , that I last saw the deceased alive on <u>Aug 17, 1955</u> , and that death occurred at <u>8p</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Norman W. Gray M.D.</u> | | 23b. ADDRESS <u>134 N. Grand</u> | 23c. DATE SIGNED <u>8/19/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>AUG. 20 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u> |
| DATE REC'D BY LOCAL REG. <u>AUG 19 1955</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kates 2906 Gravier</u> | |

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

Case in morning
12:30 - 3 PM Friday
882 - 3868

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.....
Signature of Student Embalmer

Signed *Leo J. Budde*
Licensed Embalmer No. *39*
P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.