

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026921  
STATE FILE NUMBER

FILED AUG 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7281

5. 300  
1-57  
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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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
38 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital		Length of stay in lb 199		d. STREET ADDRESS (If outside, give location) 3729 Olive Street	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph A. Elchinger			4. DATE OF DEATH Month Day Year July 22, 1958		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist- Koken Barber Supply Co.		10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Edward Elchinger		13b. MOTHER'S MAIDEN NAME Louise Houser	
14. NAME OF HUSBAND OR WIFE Harriett Elchinger		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. 499-05-8762	
17. INFORMANT Mrs. Harold Tobler		Address 5425 S. Lindberg		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Cardio. Renal vascular Hyper tensive Disease X (b) <i>Carcinoma of the submaxillary gland with metastasis</i> (c) <i>Bronchial Asthma</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I (a)) 4201H	
INTERVAL BETWEEN ONSET AND DEATH 6 years 10 5/7 years 6 years		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sept 30/57		20f. CITY, TOWN, OR LOCATION July 21/58		COUNTY STATE	
21. I attended the deceased from Death occurred at <i>home</i> <i>found dead 7/22/58</i> and last saw him alive on <i>July 21/58</i>		22a. SIGNATURE (Degree or title) <i>George J. McMan MA</i>		22b. ADDRESS <i>3903 Olive</i>	
22c. DATE SIGNED <i>7/24/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 25, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>St. Ann's Cemetery</i>		23d. LOCATION (City, town, or county) <i>Normandy, Missouri</i>		24. FUNERAL DIRECTOR <i>Arthur J. Nonnelly</i> ADDRESS <i>3840 Lindell Blvd.</i>	
25. DATE RECD. BY LOCAL REG. <i>JUL 24 58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i> <i>mds.</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Francis Williamson*

Licensed Embalmer No. *3565*  
P. O. Address *3840 Lind*

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.