

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-008001  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2415

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Lukes</u>	Length of stay in 1b Days	c. CITY OR TOWN <u>Glendale</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>#5 Algonquin Estates</u>	Reside on Farm Red <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Frederick Henry Elzemeyer</u>			4. DATE OF DEATH Month Day Year <u>February 28 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-6-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President, Service Paper Box Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ernest Elzemeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Berthold</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred W. Elzemeyer</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.	17. INFORMANT Address <u>Mildred W. Elzemeyer, # 5 Algonquin Estates Rd.</u>
--	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 4 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinoma of esophagus</u>	
	DUE TO (c) <u>4200H</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	--	---

21. I attended the deceased from <u>May 1958</u> to <u>Feb 28, 1962</u> and last saw <sup>him</sup> <u>him</u> alive on <u>Feb 27, 1962</u> Death occurred at <u>3:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>James P. Jones M.D.</u>	22b. ADDRESS <u>9313 Manchester Road St. Louis 19, Mo</u>	22c. DATE SIGNED <u>Mar 1, 1962</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/2/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <u>C. R. Lupton &amp; Sons, St. Louis, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 1 1962</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>
---	---	--

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 S  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

①  
No. 1-5656  
1:30 To 5:00 Monday

**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 Clarence H. Murray

Licensed Embalmer No. 4011

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.