

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42423

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City, *St. Louis* (No. *St. Mary's*)

File No. *12332*
Registered No. *12332*
St. Ward)

2. FULL NAME

Sussana (Elfrank) Elfrank
(a) Residence, No. *Overland mo* St., *77* Ward. *Overland mo*

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|---|--|--|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Elfrank</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 7 1900</i> | | | | |
| 7. AGE | YEARS <i>31</i> | MONTHS <i>3</i> | DAYS <i>4</i> | If LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at Home</i> | | | |
| | 10. Date deceased last worked at this occupation (month and year)..... | | 11. Total time (years) spent in this occupation..... | |

| |
|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>mo.</i> |
| FATHER |
| 13. NAME <i>Hugo Buckheit</i> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>mo.</i> |
| MOTHER |
| 15. MAIDEN NAME <i>Katherine Winkler</i> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>mo.</i> |
| 17. INFORMANT (ADDRESS) <i>William Elfrank</i> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Overland mo</i> DATE <i>Dec 14 1931</i> |
| 19. UNDERTAKER (ADDRESS) <i>Frends and Co 7819 michigan ave</i> |
| 20. FILED <i>13 1931</i> <i>Wm E. Harlow</i> Registrar. |

MEDICAL CERTIFICATE OF DEATH

2. **DATE OF DEATH (MONTH, DAY, AND YEAR)** *Dec 11 1931*

22. I HEREBY CERTIFY, That I attended deceased from *12-8-31*, 19, to *12-11*, 1931. I last saw her alive on *12-11-31*, 19. Death is said to have occurred on the date stated above, at *11:30 a.m.*

The principal cause of death and related causes of importance were as follows:
Acute Pancreatitis Date of onset *12-6-31*

Other contributory causes of importance:
Acute nephritis *12-6-31*

Name of operation *Exploratory* Date of *12-8-31*
What test confirmed diagnosis? *Operation* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *R.H. Stevens*, M. D.
(Address) *6420 Clayton Rd.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

