

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

Do not use this space.

32797

DEC 3 1926
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1. PLACE OF DEATH
County ST. LOUIS
Township GREENVIEW
City ST. LOUIS (No. _____)

Registration District No. 6248 G
Primary Registration District No. _____

File No. _____
Registered No. 421
St. _____ Ward _____

2. FULL NAME Emil Henry Ellerbrech
(a) Residence Affton Mo. R.R. 7 - St. McKays Road. (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27 - 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Affton Mo.
(STATE OR COUNTRY) St. Louis Co. Mo.

10. NAME OF FATHER Emil Ellerbrech

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lina Coy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Emil Ellerbrech
(Address) R. R. # 7 - Affton Mo.

15. FILED Oct. 18 1926 L. C. Obrod, M. U. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1926

17. I HEREBY CERTIFY That I attended deceased from Oct 9, 1926, to Oct 16, 1926 that I last saw him alive on Oct 16, 1926, and that death occurred, on the date stated above, at 445 E. 117th

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Sepsis
117th

CONTRIBUTORY (SECONDARY) 1130 yrs. mos. ds. 9

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wendell Jaegerman, M. D.
Oct 16, 1926 (Address) Sappington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Resurrection Cemetery DATE OF BURIAL Oct. 18 1926

20. UNDERTAKER Wm. L. Weidmuller ADDRESS 6203 Grand

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.

