

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

Do not use this space.

8755

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** City Hospital
 1616
2. FULL NAME **Ethel Eliebrach**
 (a) Residence. No. **507** **Seneca** St., **7** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.....
 Registered No. **2328**
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12th 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
 48 10 9
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Housework**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1929
17. I HEREBY CERTIFY That I attended deceased from June 28 1929, to Feb 21 1929 that I last saw h. **alive on** Feb 21 1929, and that death occurred, on the date stated above, at **120 a.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancerous of the rectum.
46 D 45 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**
10. NAME OF FATHER **John Durham**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**
12. MAIDEN NAME OF MOTHER **Not known**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ind**

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **John W. ... M. D.**
 2/21 1929 (Address) **City Hospital**
 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.

14. INFORMANT **Wm Starkoff**
 (Address) **City Hospital**
15. FILED FEB 23 1929
 FILED FEB 23 1929
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** **Feb 23 1929**
20. UNDERTAKER **Math Hermann & Son 2161 Rainier**
 ADDRESS

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.

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Ellebracht.