

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

Do not use this space.

7624

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 7015
 City St. Louis (No. 6828, Scanlan ave St. Ward)

File No.
 Registered No. 1583 Ward)

2. FULL NAME

Louisa Ellerbrook
 (a) Residence, No. St., 3 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Ellerbrook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19 1850</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>25</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Schadenbach
 (STATE OR COUNTRY) Germany

FATHER 13. NAME Henry J. Schmidt

FATHER 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Christine Lenz

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Schlueter
 (ADDRESS) 6828 Scanlan av

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Cem. DATE Feb. 16th 1933

19. UNDERTAKER Dr. M. Schumacher
 (ADDRESS) 4834 National Bridge av

20. FILED FEB 15 1933
Ray C. Standish
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14 1933
 22. I HEREBY CERTIFY, That I attended deceased from 11/11/33 to 2/14 1933
 I last saw her alive on 7/13/33, 19... Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation none Date of none
 What test confirmed diagnosis? Syncope Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury....., 19...
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify.....
 (Signed) Chas. P. Murphy, M. D.
 (Address) 3903 Hill Ave

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.

