

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

Do not use this space.

30975

1. PLACE OF DEATH

SEP 13 1934

791

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Mo

(No. 6447 N. Park Ave)

File No.....

8241

Registered No.....

St. Ward)

2. FULL NAME

Katherine Ellebrecht

(a) Residence, No. 6447 N. Park Ave St.

Ward.....

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 20 - 1845

7. AGE

YEARS
88

MONTHS
9

DAYS
20

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

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)

11. Total time (years) spent in this occupation

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

Germany

FATHER

13. NAME

Not known

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

Germany

MOTHER

15. MAIDEN NAME

Not known

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

Germany

17. INFORMANT (ADDRESS)

Katherine Ellebrecht
6447 N. Park Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters

DATE Aug 19, 1934

19. UNDERTAKER (ADDRESS)

Hy Leidner and Co
1417 N. Market St

20. FILED

AUG 12 1934

J. P. Omedeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1934, to August 10th, 1934.
I last saw him alive on August 10th, 1934. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Valvular Lesions and General Atherosclerosis

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify

(Signed) Wm. P. Simon, M. D.

(Address) 1115 Vinton St

Shawls and Co

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.

10