

MAY 13 1935

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

Do not use this space.

14503

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **St. Anns Hospital**)

File No.
Registered No. **3336**
St. Ward)

2. FULL NAME **Edward Ellerbeck, Jr.**

(a) Residence, No. **5134a Easton Ave.** St. **6** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 11th, 1935**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mts.
- - - - - 30 mts.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
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) **St. Louis, Mo.**13. NAME **Eldward Ellerbeck, Sr.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**15. MAIDEN NAME **Julia Finklang**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**17. INFORMANT (ADDRESS) **Edward Ellerbeck, Sr. 5134a Easton Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethany Cem.** DATE **April 12, 1935**19. UNDERTAKER (ADDRESS) **Drehmann & Sons 1905 Union Blvd.**20. FILED **APR 12 1935** **J. Ellerbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11th, 1935**22. I HEREBY CERTIFY, That I attended deceased from **5:30 P.M. 4-11, 1935** to **6:30 P.M. 4-11, 1935**I last saw him alive on **4-11-35**, 19..... Death is saidto 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:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Placenta Previa with difficult fetal version & extraction. Forceps to after coming dead.
Name of operation **None** Date of operation
What test confirmed diagnosis? **All tests.** Was there an autopsy? **No**

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) **Henry J. Gange**, M. D.
(Address) **3910 1/2 Blevy**

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.

in Kings
City Keys #2
Dept office 11 AM

3903 Olive

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