

LAUL 2 7 1935

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

Do not use this space.

20962

1. PLACE OF DEATH  
County St. Louis Registration District No. 790  
Township Central Primary Registration District No. 60382  
City Clayton (No. St. Louis County Hospital St.          Ward         )

File No.           
Registered No. 185

2. FULL NAME William H. Elbring Jr.  
(a) Residence, No. 6833 Pershing Ave. 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) November 9, 1912

7. AGE YEARS 17 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keuper Military Academy  
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) MO

13. NAME William Elbring Sr.

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

15. MAIDEN NAME Vivien Aceman

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

17. INFORMANT William Elbring Sr. (ADDRESS) 6833 Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE June 18 - 1935

19. UNDERTAKER Pett Bros. (ADDRESS) 3029 Lafayette Ave.

20. FILED 6/17 1935 A. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/1935 19

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw him alive on         , 19        . Death is said to have occurred on the date stated above, at 3:50 am.

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

Ruptured right atrium and auricle, ruptured and macerated liver, multiple fractured ribs right side, punctured lung, ruptured vena cava superior, hemothorax, complete fracture of right femur. Maceration of all soft structure at this area. rt femur fractured.

Name of operation          Date of           
What test confirmed diagnosis autopsy Was there an autopsy? yes

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.

24. Was disease or injury in any way related to occupation of deceased?           
If so, specify         

(Signed) John B. Timm M. D.  
(Address) 3718 Juniper Rd.

         Registrar.

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.

Rupture of heart, rupture of vena cava,  
maseration of liver , internal hemorrhage  
and shock.

Auto collision; Accident happened on Olive  
street road 200 yards west of North and South  
road. Brought to St. Louis County Hospital  
where he died ten minutes after entering.

Verdict of Jury; We the Jury find Eugene  
Wueller guilty of criminal carelessness,  
in the death of Wm. H. Elbring Jr. with  
his automobile and we therefore, feel that,  
Eugene Wueller should be held under  
bond for further investigation by the Grand Jury.