N. N. Gilbert

APR 8 1937

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

791
1003

Do not use this space.

10100

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2663

City St. ~~St~~ Louis (No. St. Anthony's Hosp. St. ..... Ward)

2. FULL NAME Baby Ellebrecht

(a) Residence, No. 4636 Alexander St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	—	—	—	

OCCUPATION

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

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) St. Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Wm. Ellebrecht

14. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Mathilda FLORI

16. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

17. INFORMANT Wm. Ellebrecht
(ADDRESS) 4636 Alexander

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE 2-27-37 19

19. UNDERTAKER Oscar T. Hoffmeister
(ADDRESS) 4216 Chippewa

20. FILED MAR 8 1937 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937 to Feb 27, 1937

I last saw him alive on 2-27, 1937 Death is said to have occurred on the date stated above, at 9.4 m.

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

	Date of onset
Premature birth	
6½ months	

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) N. N. Gilbert, M. D.

(Address) 4103 Easton 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.