

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

Do not use this space.

18580

1. PLACE OF DEATH **JUN 12 1937**

County.....

Registration District No. **791**

File No. **5156**

Township.....

Primary Registration District No. **1003**

Registered No. ....

City **St. Louis.**

(No. **5210 Blow St.**)

St. .... Ward)

2. FULL NAME **Henry W. Ellerbeck**

(a) Residence, No. **5210 Blow St.** St. **2** Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 22 1937** to **5/21 1937**

I last saw him alive on **5/21 1937** Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 13, 1857.**

to have occurred on the date stated above, at **9:00** a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **67 80 4 8**

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

**Nephrositis chr. Endocarditis " (partial)**

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

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

Other contributory causes of importance: **Nephrositis, Intestinal chr. Debility**

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

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

13. NAME **Ellerbeck**

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

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

15. MAIDEN NAME **unknown**

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.

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

Manner of injury.....

Nature of injury.....

17. INFORMANT **Caroline Ellerbeck**

(ADDRESS) **5210 Blow St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Our Redeemer** DATE **May 24, 1937**

19. UNDERTAKER **J. L. Ziegenhein & Sons**

(ADDRESS) **7027 Gravois Ave.**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **W. Waggenbach**, M. D.

20. FILER **May 24 1937** **J. Bredeck** Registrar.

(Address) **4738 Gravois 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.

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