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

OCT 12 1938

30377
Do not use this space.

791
1003
7814

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 7814

(c) City St. Louis (d) Street No. 4438 Greer Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mamie Elbrecht, 416

(a) Residence, No. 4438 Greer Avenue St. 10
(Usual place of abode, if no street address, write county or city) (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. Franl Elbrecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22, 1892

7. AGE: YEARS 46 | MONTHS 3 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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. 0

FATHER
13. NAME: Richard Dundon 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 0

MOTHER
15. MAIDEN NAME: Minnie C. Priesmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): E. Frank Elbrecht, 4438 Greer Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns DATE Sept. 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Math. Hermann & Son, 2161 East Fair Avenue

20. FILED 9-3, 1938 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Sept 1, 1938
I last saw her alive on Sept 1, 1938. Death is said to have occurred on the date stated above, at 8:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1933

Other contributory causes of importance:

Chronic passive congestion	1938

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Albert E. Taussig, M. D.
(Address) 4500 Olive St.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed William G Buchhol

Licensed Embalmer No. 2110 O

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.