

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38298

Registrar's No. 10137

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County 3  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5432 Cologne  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 35 Years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Minnie Ellerman

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 77 years7. Birth date of deceased May 18, 1861  
(Month) (Day) (Year)8. AGE: Years 78 Months 6 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Unknown13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Unknown Tinker15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. D. Bredich(b) Address 4452 S. 38th St.17. (a) Burial (b) Date thereof 11/29/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Pauls Churchyard18. (a) Signature of funeral director Mackin - Welderle(b) Address 2331 S. Broadway19. (a) NOV 28 1939 (Date received from Registrar) J. D. Bredich (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4556 Varrelman  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1939 hour 11 minute 16 p. m.21. I hereby certify that I attended the deceased from Oct 1  
1939, to Nov 26, 1939  
that I last saw her alive on Nov 24, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of stomach Duration 1 1/2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Edw. Ellerman (M. D. or other) \_\_\_\_\_Address 2924 S. Grand Date signed 11/28/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
U.S. GPO: 1939

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.

PHYSICIAN

Underline the cause to which death should be charged statistically

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**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..... *Frank J. Nyland Sr.*  
Licensed Embalmer No. *2645*  
P. O. Address *St Louis Mo.*

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

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