

No. 2
-12-40
-17-39
X231597

SEP 25 1940 791
Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 6716

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3676 Blaine 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Mary Ellebrecht 416

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Ellebrecht 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased May 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 19 hr. _____ min.

9. Birthplace LaGrange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homest Klusmeir

11. Industry or business _____

12. Name August Klusmeir

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Pfeffer

(b) Address 3676 Blaine

17. (a) Burial (b) Date thereof 8/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wasker-Waldenle

(b) Address 2331 S. Broadway

19. (a) AUG 7 1940 (b) J.P. Bredeck
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3676 Blaine
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1940 hour 5:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from 5-1-40, 1940, to 5-7-40, 1940.
that I last saw her alive on 5-7-40, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure 10 days

Due to Chronic myocarditis 2

Due to Chronic Interstitial Nephritis 2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy As above - abdominal only

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) (e) Means of injury _____

23. Signature J.P. Bredeck (M. D. or other) _____
Address 3958 S. Grand Date signed 8/7/40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.