

FILED MAR 17 1947 91

State File No. 1315  
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Mo. Baptist Hospital**  
(d) Length of stay: In hospital or institution  
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**  
(c) City or town **Gerald**  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME **Ella C. Ellerbrake**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Otto J.** 6. (c) Age of husband or wife if alive **39** years  
7. Birth date of deceased **April 10 1903**

8. AGE: Years **38** Months **10** Days **1** If less than one day hr. min.

9. Birthplace **Leslie Missouri**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Edward Landwher**  
13. Birthplace **Unknown**  
14. Maiden name **Anna Kamrocher**  
15. Birthplace **Unknown**

16. (a) Informant **Otto J. Ellerbrake**

(b) Address **Gerald, Mo.**

17. (a) **Removal** (b) Date thereof **2-12-42**

(c) Place: burial or cremation **Gerald, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **FEB 11 1947** (b) **J. P. Budeck**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **10** year **1942** hour **10:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 29** to **Feb 10** 19**42**  
that I last saw her alive on **Feb 10** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Infection. Type UNKNOWN.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Refused**

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) (c) Means of injury

23. Signature **W. P. Thompson** (M. D. or other)

Date signed **Feb 11 1942**

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

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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

*Wilford G. Burnley*  
.....  
Licensed Embalmer No. 4202.....

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.**