

S. No. 2  
M-5-42  
5-17-39  
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35342

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 30 1942

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 8451

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

1. PLACE OF DEATH:

(a) County ~~St. Louis~~  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4156 Miami**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4156 Miami**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

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3. (a) PRINT FULL NAME **Margret Ellebracht**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**  
6. (b) Name of husband or wife **Ollie Ellebracht** 6. (c) Age of husband or wife if alive **53** years  
7. Birth date of deceased **July 29 1890**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**52 2 12** hr. min.

9. Birthplace **St. Louis Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business **at home**

MOTHER FATHER { 12. Name **Edw. Duffy**  
13. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Lillian Pallian**  
15. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ollie Ellebracht**

(b) Address **4156 Miami**

17. (a) **burial** (b) Date thereof **10-13-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Fendler Umdtk. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **10/12/42** (b) **J. P. Bredes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **10**  
year **1942** hour **7** minute **40** A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Coronary Occlusion;**  
**Chronic Aortitis; Non-syphilitic**  
**Aortic Regurgitation;**

Duration

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?

While at work?..... (Specify type of place) (b) Means of injury.....

23. Signature **Alfred J. Perry** (M. D. or other)  
Address **City of St. Louis** Date signed **11/18/42**

(Licensed Embalmer's Statement on Reverse Side)

**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 *Olive E. Lynch*.....

Licensed Embalmer No. *4148*.....

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, fact should be so stated above.**