

FILED DEC 29 1943  
Registration District No. 318

Primary Registration District No. 1003

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: Little Sisters of Poor 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. -4 m.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Louise Elbrecht

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced S.O

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10th., 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Henry Elbrecht

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Peper 4

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Pfeffer

(b) Address 5720 Walsh St.

17. (a) Burial (b) Date thereof 12-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Nonvelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 13 1943 (b) J. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis 920  
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th.,  
year 1943 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 12, 1943 to Dec. 12, 1943  
that I last saw him alive on Dec 11, and that death occurred on the date and hour stated above.

Immediate cause of death Coro-vasey for menal disease  
Cor. Vasc. Asthma

Duration ???

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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) \_\_\_\_\_

While at work \_\_\_\_\_ (c) Manner of injury \_\_\_\_\_

23. Signature Bernard H. Hill (M.D. or other) \_\_\_\_\_  
Address 2302 Salisbury St. Date signed 12-13-43

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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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**