

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural- Roark Inn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Her Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)
In this community 53 years

3. (a) PRINT FULL NAME Christina Caroline 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 Charles 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec. 1 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Gasconade, Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Housewife

12. Name Charles Brautigam 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Diesterle 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Meyer,
(b) Address Hermann, Mo. R.F. BD

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Church Cem

18. (a) Signature of funeral director Human Blommer
(b) Address Berger Mo.

19. (a) Jan. 6, 1944 (b) A. H. Linder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles S. West of Berger, Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1944 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 10 1943 to Jan 2 1944
that I last saw him alive on Dec 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral haemorrhage Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature John Engelhardt (Date signed) 1-3-44
Address Stang Hill, Mo

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

Herman Blum

Licensed Embalmer No. *528*

P. O. Address *Bugs mo*

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

If this body is not embalmed, fact should be so stated above.