

S. No. 2
1-8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9605

State File No. _____

Registration District No. 117

Primary Registration District No. 5436

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Mt Sterling R. D. 7
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(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

3. (a) PRINT FULL NAME Caroline C. Ellebrecht

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aug. W. Ellebrecht 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug 25 - 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 29 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ann Mittelbusch

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

14. Maiden name Frederika Rosenthal

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

16. (a) Informant Mrs. Emile Loehne

(b) Address Mt Sterling

17. (a) Burial (b) Date thereof 3-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom

18. (a) Signature of funeral director Clyde Norton

(b) Address Lincoln Mo

19. (a) 3-28-45 (b) Mrs. J. B. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe
(c) City or town Mt Sterling R. D. 7
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-2 1945 to 3-24 1945
that I last saw her alive on 3-21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 4 yrs.

Due to _____

Due to _____

Other conditions Advanced Arteriosclerosis 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Noae

Of operations None

Of autopsy None

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 0

23. Signature Paula Breuer (M. D. or other) MD
Address Frederick, Mo Date signed 3-24-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____

Date Filed 4-12-45

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 Omer Z. Jones, Registered Apprentice No. 373,
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.