V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21870

Registration District No. 818 Primary Registration District No. 2003 Registrar's No. 6260

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5210 Blow St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 1 2

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

(d) Street No. 5210 Blow St., 1
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Caroline Ellerbeck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased July 19th, 1862.
(Month) (Day) (Year)

8. AGE: 82 Years ~~83~~ Months 11 ~~0~~ Days 29 ~~9~~ If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Carl Vasel
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Ellerbeck
(b) Address 5210 Blow St.,

17. (a) Burial (b) Date thereof 7/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cem.

18. (a) Signature of funeral director John L. Ziegenhain & Sons
(b) Address 7027 Gravois Ave.

19. (a) JUL 20 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1945 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 10, 1943, to July 18, 1945
that I last saw her alive on July 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	?
Due to	
Due to	
Other conditions Hypertension (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H A Schimmer (M. D. or other)
Address 6811 Gravois Date signed 7/19/45

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7037 Gravois,

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.