S. No. 2
M—5-42
v. 5-17-39
I X32873

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

39114

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

State File No.

Registrar's No. 10727

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:
6012 A.S.Grand Blvd.
(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. 6012 S.Grand Blvd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Esther Ellebrecht

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 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased April 16 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 22 If less than one day hr. min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace England (City, town, or county) 11 (State or foreign country)

16. (a) Informant Bernard Ellebrecht
(b) Address 6012 A.S.Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter and Paul's Cemetery

18. (a) Signature of funeral director Ziegenlein Bros
(b) Address 6409 Gravois Ave

19. (a) DEC 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day December year 1945 hour 6:35 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Dec 8, 1945 that I last saw her alive on Dec 6, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to arterio-sclerosis	2 yrs
Due to Diabetes Mellitus	1 yrs
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) no
(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 [illegible] (M.D. or other) MD
Address 3318 S Grand Date signed 12-8-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Schneider
3318 S. Strand
Le. 0333
1-5

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 Homer Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.