

FILED JAN 21 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 42

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9331-Olive Street Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 65-Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Olivette
(If outside city or town limits, write "RURAL")

(d) Street No. 9331-Olive Street Road
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Elbring Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Wilhelmine

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

7. Birth date of deceased Sept 22 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 11

If less than one day. _____ hr. _____ min.

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

10. Usual occupation Surveyor

11. Industry or business self

MOTHER FATHER { 12. Name August Elbring

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

14. Maiden name Marie Von Hammerer

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

16. (a) Informant Viola Elbring

(b) Address 9331-Olive St. Rd-Olivette

17. (a) Burial (b) Date thereof 1-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Lutheran Cem

18. (a) Signature of funeral director Blumstein Bros. Inc.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 1-7-46 (b) W. M. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2

year 1946 hour 2 minute 55 A. M.

21. I hereby certify that I attended the decedent from Sept 78 - 1945 to Jan 2 - 1946

that I last saw him alive on July 1, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Due to 85%

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: no

Of operations _____

Of autopsy no

Duration _____

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? _____

While at work no (Specify type of place) _____

(c) Means of injury _____

23. Signature E. Schuler M.D. (M. D. or other) _____

Address 945 No. Shaw. Bldg Date signed 1/2/46

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

2097

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..... *Harold K. Brown*

Licensed Embalmer No. *4337*

P. O. Address..... *Overland, Mo.*

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.