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5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15060
Registrar's No. 968

Registration District No. 3 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7116 W. Florissant Ave.
(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 Bernadine A. Ellebrecht
(b) If veteran, name war. No
(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. August C. Ellebrecht
6. (c) Age of husband or wife if alive. 57 years
7. Birth date of deceased. December 18, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 9 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Frank Meyrose
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Lager
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant August C. Ellebrecht Sr.
(b) Address 7116 W. Florissant Ave.

17. (a) Burial (b) Date thereof Apr. 30 '47
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cemetery

(c) Place: burial or cremation Bromschwig and Son Funeral Home
18. (a) Signature of funeral director _____
(b) Address 4746 W. Florissant Ave.

19. (a) 2-1-47 (b) Carla J. Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Jennings, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 7116 W. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from Mar 17, 1947
to April 27, 1947
that I last saw her alive on April 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
Due to Carcinoma left breast 9 mo

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

Major findings: _____
Of operations _____
Of autopsy None
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 Anthony V. Blum (M. D. or other) MD
Address 2801 N. Taylor Date signed April 28, 1947

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

MAR 12 1949

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 *J. W. Wilkinson*
Licensed Embalmer No. 3575

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.