No. 2
—1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14049

FILED APR 30 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3808

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: Lutheran Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 4
(d) Street No.: 8500 Watson Rd. (If rural, give location) 0
N.R. 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HERMAN C. ELLENBERGER
3. (b) If veteran, name war: No
3. (c) Social Security No.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lillie Ellenberger
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 20 (Day) 1889 (Year)

8. AGE: Years 58 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation: Foreman
11. Industry or business: Butler Bros.
MOTHER FATHER
12. Name: Charles Ellenberger 0
13. Birthplace: St. Louis, (City, town, or county) Mo (State or foreign country)
14. Maiden name: Minnie Naust 0
15. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Lillie Ellenberger
(b) Address: 8500 Watson Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Pauls Churchyard
18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary
(b) Address: 6464 Chippewa St.
19. (a) APR 22 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr. day: 20 year: 1948 hour: 9 minute: 15 P.M.
21. I hereby certify that I attended the deceased from: April 12, 1948, to: April 20, 1948; that I last saw him alive on: April 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 wk
Due to: Degenerative heart disease + mural thrombus	6 wks
Due to:	
Other conditions: Abscess of lung - rt base (Include pregnancy within 3 months of death)	1 wk

Major findings:
Of operation: See above
Non-tubercular abscess-caused by blood clot.
Of autopsy:

PHYSICIAN: Underline the cause of 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: 0
23. Signature: [illegible] (M. D. ~~or other~~)
Address: 3701 Grandel Sq. Date signed: 4-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kraus

Dr. Nussbaum
3703 Grandel Sq.

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.