S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28377

State File No. .....

Registration District No. 317 ..... Primary Registration District No. 3063 ..... Registrar's No. 1928

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 228 N Bemiston
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 228 N. Bemiston 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Adele Augusta Elbring

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife August Elbring

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 13 (Day) 1895 (Year)

8. AGE: Years 53 | Months 3 | Days 0 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Albert Brinkmann
13. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mathilda Ruiwsch
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant August Elbring
(b) Address 228 N. Bemiston, Clayton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.

19. (a) 8-16-48 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature) (BH)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13 year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to	
Due to 200 C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(e) While at work ..... (f) Means of injury 0

Signature Cecil A. Sharp (M. D. or other)
Address Commissioner of Health Date signed 8-23-48

Jefferson City Printing Co.

(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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.