

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38951

State File No. 10283

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 Registrar's No. 10283

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|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp. | | / 6 STREET ADDRESS (If rural, give location) 3923 Chippewa St. | | | |

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|---|-------------|-----------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) CLEMENTINE | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1951 | | |
| a. (First) | b. (Middle) | c. (Last) | ELBRECHT | | |

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|---------------|------------------------|---|--------------------------------|------------------------------------|------------------------|-----------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) Married / | 8. DATE OF BIRTH July 30, 1873 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|---------------|------------------------|---|--------------------------------|------------------------------------|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Belleville, Ill. / | | 12. CITIZEN OF WHAT COUNTRY? | |
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|-------------------------------------|--|---|--|---|--|
| 13a. FATHER'S NAME Frederick Proehl | | 13b. MOTHER'S MAIDEN NAME Sophia Helmke | | 14. NAME OF HUSBAND OR WIFE Harry A. Elbrecht | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry A. Elbrecht 3923 Chippewa St. | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma liver with metastasis to gall bladder + lymphatics. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-vascular changes. | | | | INTERVAL BETWEEN ONSET AND DEATH 1947 |
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| 19a. DATE OF OPERATION 11-7-51 | 19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma liver | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second) 11-18-51 10:30 a.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 156K |
|---|---|---------------------------------|

22. I hereby certify that I attended the deceased from 12-11, 1947, to 11-19, 1951, that I last saw the deceased alive on 11-18, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

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|------------------------------------|-------------------|-----------------------------|---------------------------|
| 23a. SIGNATURE Paul G. Gorseu M.D. | (Degree or title) | 23b. ADDRESS 3907 Olive St. | 23c. DATE SIGNED 11-19-51 |
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|--|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment | 24b. DATE Nov. 21, 1951 | 24c. NAME OF CEMETERY OR CREMATORY: Valhalla Mausoleum | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D. BY LOCAL REG. NOV 19 1951 | REGISTRAR'S SIGNATURE J. Care Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed William B. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 Lehigh Avenue

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.