

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. **33154**
Registrar's No. **9175**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2035 DeSoto Ave.				d. STREET ADDRESS (If rural, give location) 2035 DeSoto Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) C. c. (Last) Ellerbeck			4. DATE OF DEATH (Month) (Day) (Year) September 20, 1953.		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 9, 1868		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	
13a. FATHER'S NAME Michael Mayer			13b. MOTHER'S MAIDEN NAME Anna Marget Hermann		14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or kind of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Elizabeth M. Ellerbeck		ADDRESS 2035 DeSoto	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH Many years	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) not.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500	

22. I hereby certify that I attended the deceased from 11-30, 1949, to 9-20, 1953, that I last saw the deceased alive on May 2, 1950, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Miss Elizabeth M. Ellerbeck		(Degree or title) _____		23b. ADDRESS 4110 West Florent		23c. DATE SIGNED Sept. 22, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-23-53.		24c. NAME OF CEMETERY OR CREMATORY Zions Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.	
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DATE REC'D BY LOCAL REG. SEP 23 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Walter S. Barnley* _____

Licensed Embalmer No. *4202* _____

P. O. Address *St. Louis, 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.