

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45783
STATE FILE NUMBER
11443
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				Length of stay in 1b 1 wk.		d. STREET ADDRESS (If outside, give location) 12181 Highway 67	
3. NAME OF DECEASED (Type or print) First Middle Last Harry A. Elbrecht				4. DATE OF DEATH Month Day Year 11 26 57			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 5, 1880	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President - Ret.				9b. KIND OF BUSINESS OR INDUSTRY Hotel Supply		9c. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		10c. BIRTHPLACE (City and state or country) St. Louis, Mo.	
11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Herman C. Elbrecht				14. MOTHER'S MAIDEN NAME Mary C. Hafer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 488-01-9548		17. INFORMANT Address Mr. Wm. Staudte, 12181 Highway 67	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lower nephron nephrosis							INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic pyelitis due to hyperthymic prostate. DUE TO (c) arteriosclerotic heart disease							5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Left hemiplegia yrs old							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 610+				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		20g. COUNTY		
21. I attended the deceased from 11-20-57 to 11-26-57 and last saw her alive on 11-26-57 Death occurred at 7:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James A. Forsey M.D. (Degree or title)				22b. ADDRESS 3903 Olive St		22c. DATE SIGNED 11-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11/30/57		23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24. FUNERAL DIRECTOR Drehmann-Harral			25. DATE RECD. BY LOCAL REG. NOV 29 57		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. J. A. Forsen
3903 Olive

Hrs. 1 - 3 Fri.

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.....
Signature of Student Embalmer

Signed *Warren A. Carve*.....

Licensed Embalmer No. *252*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.