

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**FILED VS DEC 3 0 1959**

**'59 0 4 5 4 0 1**

**211452**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Length of stay in 1b <b>2 days</b>		c. CITY OR TOWN <b>Olivette</b>		
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>9331 Olive St. Road</b>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>Alice Emma Elbring</b>			4. DATE OF DEATH Month Day Year <b>December 10, 1959</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-15-06</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Surveying</b>		11. BIRTHPLACE (City and state or country) <b>Olivette, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Elbring</b>			13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Deuser</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>497-054695</b>		17. INFORMANT <b>Viola Elbring, 9331 Olive St. Rd.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) <b>Metastatic Carcinoma Rt Lung.</b> <b>Carcinoma Rt Breast</b> DUE TO (b) <b>Carcinoma Left Breast</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 mo</b> <b>1 yr 10 mo</b> <b>7 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>170x</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour <b>0</b> a.m. p.m. Month, Day, Year			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		COUNTY		STATE	
21. I attended the deceased from <b>1948</b> to <b>10 Dec 1959</b> and last saw her alive on <b>9 Dec 1959</b> Death occurred at <b>7:35</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W A Echterhoff M.D.</b>			22b. ADDRESS <b>634 Le Grand</b>			22c. DATE SIGNED <b>12/10/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-12-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Luth. Cemetery Olivette, Missouri</b>		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <b>Baumann Bros. Inc. Overland, Mo.</b>		ADDRESS <b>2504 Woodson Rd.</b>	25. DATE RECD. BY LOCAL REG. <b>DEC 10 1959</b>		26. REGISTRAR'S SIGNATURE <b>Leon Smith, M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*m j B*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Gibbs

Licensed Embalmer No. 3454

P. O. Address Overland

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.