REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

12907
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 3249
(c) City St. Louis (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D.18851

2. PRINT FULL NAME 416 Alphonso Ellebbrecht
(a) Residence, No. 4310 North Broadway St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: O'Laughlin Marie Ellebbrecht
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 1901
7. AGE: 37 YEARS, MONTHS: 4, DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. laborer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER
13. NAME: Herman Ellebbrecht
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

MOTHER
15. MAIDEN NAME: ?Anna Mueller O
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Unknown O

17. INFORMANT (ADDRESS): Hosp. Info M.Kent 9

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens Cem DATE: 4/8/1939, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Math Herman- Son 2161 E. Fair

20. FILED APR 8 1939 J. F. Budack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/5/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/27/39, 19, to 4/5/39, 19
I last saw him on 4/5/39, 19. Death is said to have occurred on the date stated above, at 4.30 p.
The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized Peritonitis
Gangrenous Appendicitis

Other contributory causes of importance:

171

Name of operation: Appendectomy & drainage Date of 3-27-39
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm L. Sellers, Jr., M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Em blank [illegible]

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.....

Licensed Embalmer No.....

P. O. Address.....

OK. ESR

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, above space should be left blank.