FILED JUN 6 1941

V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19029

Registration District No. 784 Primary Registration District No. 202 Registrar's No. 991

96 0 C

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Old St. Charles Road Rt. Box 210
(If not in hospital or institution, write street number or location) Robertson Mo.

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pattonville
(If outside city or town limits write "RURAL")

(d) Street No. Old St. Charles Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Herman C. Elbracht

3. (b) If veteran, name war No.

3. (c) Social Security No. 499-05-6770

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Elbrecht

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased March (Month) 4 (Day) 1859 (Year)

8. AGE: Years 82 Months 2 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace - - - (City, town, or county) Germany (State or foreign country)

10. Usual occupation Retired - Dept. Mgr.

11. Industry or business Wholesale Paper Co.

FATHER
12. Name EARNST A. Elbrecht
13. Birthplace HANOVER - (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name CAROLINE STICKFORT
15. Birthplace - - - (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Wm. Staudte
(b) Address Old St. Charles Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge.

19. (a) MAY 11 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th. year 1941 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from 1932, 19__, to May 9, 1941; that I last saw him alive on May 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	2 years
Due to	
Due to 4 h	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) D
Address 5727 Delmar Date signed 5-10-41

(Licensed Embalmer's Statement on Reverse Side)

5477 Delman

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 John A. Delman, Registered Apprentice No. _____, working under my personal supervision.

Signed John A. Delman

Licensed Embalmer No. 4186

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, above space should be left blank.