DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Re. 4165

State File No. 32470

Registration District No. 784 Primary Registration District No. 180 Registrar's No. 187

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Brentwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2457 Mary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether years, months or days) In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L. 096
(c) City or town Brentwood (If outside city or town limits, write "RURAL") 9 1
(d) Street No. 2457 Mary (If rural, give location)
(e) If foreign born, how long in U. S. A.? D years.

3. (a) PRINT FULL NAME August Elbrecht
3. (b) If veteran, name war no
3. (c) Social Security No. 489-03-0302
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Augela Elbrecht
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7, 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) D (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business
12. FATHER Name Herman E. Elbrecht
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Johanna Poeppelman
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant August Elbrecht
(b) Address 2457 Mary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) SEP 26 1941 (Date received by local registrar) (b) C. G. McGaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1941 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from Dec 17, 1940, to Sept 26, 1941; that I last saw him alive on Sept 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of mouth + tongue + oesophagus	10 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

45a

Major findings:
Of operations none
Of autopsy none

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 C. H. Bockelman (M. D. or other) M. D.
Address 2615 Brentwood Blvd Date signed 9/26/41

(Licensed Embalmer's Statement on Reverse Side)

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.....H. C. Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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