

FILED JUL 13 1942 791

Registration District No. Primary Registration District No. 1003 Registrar's No. 5522

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4263 Baisch Lane
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
12

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL.")
0

(d) Street No. 4263 Baisch Lane.
(If rural, give location)
15

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Laverne Ellerbeck

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 27th, 1932.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

10 0 29 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Emil Ellerbeck

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Coy

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Ellerbeck
(b) Address 4263 Baisch Lane.

17. (a) Burial (b) Date thereof 6/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cem.

18. (a) Signature of funeral director John Ziegenhain & Son
(b) Address 7027 Gravois Ave.

19. (a) JUN 29 1942 (Registrar's signature) J. J. Madach
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 26, 1942
that I last saw h. u alive on June 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Ischemia ?

Due to..... ?

Due to Chronic Myocarditis ?

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: MI

Of operations.....

Of autopsy.....

Duration

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) (e) Means of injury

23. Signature H. Schumacher (M. D. or other) 0
Address 68119 Gravois Date signed 6/27/42

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

00
17
9

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.....

B. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Maunio

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, fact should be so stated above.