

FILED OCT 1 1942  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7851

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: O Isolation Hospital  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 24 hours  
(Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1427 S. Salisbury St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME LULU ELLERBROCK

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

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20  
year 1942 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WALTER

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 26 1896  
(Month) (Day) (Year)

Immediate cause of death Menigitis Otitis Media

Due to Pending

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 46 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Fred Trillman

13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name Lena Dittenberg

15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Walter Ellerbrock

(b) Address 1427 S. Salisbury St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 23 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Friedmeyer & Sons

(b) Address 3934 No. 70 St.

19. (a) SEP 21 1942 (Date received local registrar)

(b) J. F. Brueck (Registrar's signature)

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 Thomas F. Callanan (M. D. or other)  
Address Deputy Coroner Date signed 9/24/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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..... *Alfred J. Breckler*  
Licensed Embalmer No. *2663*  
P. O. Address..... *5934 alpha*

**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.**