

FILED APR 14 1943
Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 63

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

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1. PLACE OF DEATH:

(a) County St. Charles

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

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

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

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town R.R.#4 Baden Station
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Otto H. Ellersiek

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-01-9279

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Nettie Ellersiek

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September 4th 1890
(Month) (Day) (Year)

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

52 6 23 hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business.....

MOTHER FATHER

12. Name William Ellersiek

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

14. Maiden name Methilda Linnenbruegger

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

16. (a) Informant Mrs. Nettie Ellersiek

(b) Address Spanish Lake, Missouri

17. (a) Burial (b) Date thereof 3/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Alvin D. Smith

(b) Address 4828 Hill Bridge Blvd

19. (a) 3-29-43 (b) Clarence G. Uessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1943 hour 2 minute 45 p. M.

21. I hereby certify that I attended the deceased from Coroners Viewing of Body
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Coronary occlusion

Due to Sen Act. Sclerosis

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

Major findings:
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?

While at work?..... (Specify type of place)

(a) Means of injury.....

23. Signature A.P. Erich M. D. or other.....
Address St. Charles, Mo. Date signed 3/29/43

APR 21 1943
APR 26 1943

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 John A. Miller
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, fact should be so stated above.