

ED SEP 17 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 51 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred Ellerbrock

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Eleanora Ellerbrock 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased January 18 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Patrolman

11. Industry or business St. Louis Police Dept.

12. Name Edward C. Ellerbrock

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

14. Maiden name Fredericka Vanle

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

16. (a) Informant Mrs. Eleanora Ellerbrock

(b) Address 3915 Sullivan Ave,

17. (a) Burial (b) Date thereof 9-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) SEP 2 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 910
(d) Street No. 3915 Sullivan Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1943 hour 9:25 AM minute M.

21. I hereby certify that I attended the deceased from Aug 27 1943 to Sept 1 1943
that I last saw alive on Sept 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage - gastric (Typhoid Ulceration)
Due to Scrophulous of Liver and Capemans (Primary) of Liver

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Sept 2 1943 - De Paul Hospital
Findings as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(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) (e) Means of injury

23. Signature Edward J. Kelly (M. D. or other) 40
Address 634 N. Speed Date signed 9/2/43

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

MOTHER FATHER

Ms
1
200-5700
J. Buckley

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 P. Buckley*
Licensed Embalmer No..... *1674*
P. O. Address..... *2223 8th Ave. S.E.*

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.