S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4192

State File No.

FILED MAR 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1469

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Anthony's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1714 Belmont Ave. NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country ?

3. (a) PRINT FULL NAME Adeline Erlebacher

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Emil Erlebacher

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 31, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	10	9	hr. min.

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

10. Usual occupation

11. Industry or business at home

FATHER
12. Name Anton Vollmer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Huschle
15. Birthplace East St. Louis, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. M. Burke
(b) Address East St. Louis, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas M. Burke
(b) Address East St. Louis, Ill

19. (a) FEB 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1945 hour 5 minute P M.

21. I hereby certify that I attended the deceased from April 17-44, 19 to Feb 9 1945, 19 that I last saw her alive on Feb 9, 1945, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to C.A. Uterus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinomatosis

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)

While at work (e) Means of injury

23. Signature J. Painter (M. D. or other)

Address 539 N. Grand Ave. St. Louis Date signed Feb. 12 1945

844 (Licensed Embalmer's Statement on Reverse Side) MS

1469

1469

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 Chas M. Burke

Licensed Embalmer No. [illegible]

P. O. Address East St Louis Ill

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.