

FILED AUG 28 1946

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2003**

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:
4223 Margaretta Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0001**
(c) City or town **St. Louis** **1017**
(If outside city or town limits, write "RURAL")
(d) Street No. **4223 Margaretta Avenue**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM G. ELLERMAN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **497-09-9917**

4. Sex **Male 0** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Augusta R. Ellerman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 25 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 14
15 hr. _____ min.

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

10. Usual occupation **Furniture Dealer**

11. Industry or business **Ellerman House Furn.**

MOTHER FATHER { 12. Name **Herman Ellerman**

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

14. Maiden name **Fredericka Wurf**

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

16. (a) Informant **Edgar Ellerman**

(b) Address **4223 Margaretta Ave**

17. (a) **Burial** (b) Date thereof **8/9/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethlehem Cem.**

18. (a) Signature of funeral director **Kraeger-Voss, Inc**

(b) Address **3402 N. Kingshighway**

19. (a) **AUG 12 1946** (b) **J. F. Prudek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **Ninth**
year **1946** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Aug 1** 19**46** to **Aug 9** 19**46**
that I last saw him/her alive on **Aug 9** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **arteriosclerosis**

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature **Robert Burns** (M. D. or other) **1120**
Address **320 S. 4th Street** Date signed **8-10-46**

Duration

7-19-43

8-19-43

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..... *W. W. Wilkins*
Licensed Embalmer No..... *3575*
P. O. Address.....

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.