

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19691**
Registrar's No. **1106**

Registration District No. **317** Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Baden Station
(c) Name of hospital or institution:
#7 Tailsman Lane
(d) Length of stay: In hospital or institution None
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Baden Station
(d) Street No. #7 Tailsman Lane
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernst F. Elbrecht
3. (b) If veteran, name None 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased August 29, 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30th
year 1947 hour 7:30 AM minute _____ M.
21. I hereby certify that I attended the deceased from 1935
19 _____ to 5/30/47 19 _____
that I last saw him alive on 5/30/47 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 9 1 hr. _____ min.

Immediate cause of death Cancer of spine
Duration 2 yrs
Due to _____
Due to 55 to

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

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

10. Usual occupation Salesman

PHYSICIAN _____

11. Industry or business Graham Paper Co.

12. Name Herman Elbrecht
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Clara L. Elbrecht
(b) Address #7 Tailsman Lane Baden Station

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 6/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
Date of occurrence _____

(c) Place: burial or cremation Friedens Cemetery

(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? _____

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

While at work? _____ (Specify type of place)
(e) Means of injury? _____

19. (a) 6-3-47 (b) Beil R. Shymer
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address 6807 W. Flanagan Date signed 6/1/47

1
MAR 18 1948

DEC 8 1948

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 Gustav W. Ditzel

Licensed Embalmer No. 4329

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.