. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28969

FILED SEP 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8066

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2852 Pestalozzi
(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

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo. (b) County ooo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2852 Pestalozzi 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 24 0
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH DELBRUEGGE
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Fred
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr. (Month) 22 (Day) 1873 (Year)

8. AGE: Years 74 Months 4 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) U
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany (State or foreign country) U
14. Maiden name Margaret Zopf
15. Birthplace (City, town, or county) Germany (State or foreign country) U

16. (a) Informant Rose Delbruegge
(b) Address 2852 Pestalozzi
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) AUG 25 1947 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1947 hour 7:45 minute P.M.
21. I hereby certify that I attended the deceased from 8-22-47, 19..., to 8-23, 19 47 that I last saw h. w. alive on 8-23-47, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Heat Prostration —
Due to
Due to
Other conditions Old Age
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no ; no
(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) (e) Nature of injury — 0

23. Signature Bernard Block (M. D. or other)
Address 3527 Olive St. Date signed 8-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

3958 So. Grand
3951 Bowen Thu 6 v 57
Call @ 1:00

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 Richard W Storesand

Licensed Embalmer No. 4007

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.