S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35691

State File No. .....

Registration District No. 318 ..... Primary Registration District No. 1003 ..... Registrar's No. 10196

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

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ferguson 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 1078 Route # 10 0
(If rural, give location)
N.R.
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Adele H. Ellebracht
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 William
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov (Month) 1 (Day) 1889 (Year)

8. AGE: Years 58 Months 0 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
FATHER
12. Name Henry Zager
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Hattie Noack
15. Birthplace Berlin (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant William O. Ellebracht
(b) Address Ferguson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.
19. (a) NOV 4 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1947 hour 2 minute 00 p.M.
21. I hereby certify that I attended the deceased from 1/10/47 ....., 19....., to 11/1/47 ....., 19.....; that I last saw her alive on 11/1/47 ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Hyperthyroidism	15 yrs.
Due to Chr Myocarditis	
Due to 63	
Other conditions (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) .....
(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) 0
While at work? ..... (e) Means of injury .....
23. Signature [signature] (M. D. or other) [signature]
Address 6807 W Florissant Date signed 11/3/47

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

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. Dietule

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.