

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20429
Registrar's No. 5333

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 1		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1513-CLINTON-ST.		e. STREET ADDRESS (If rural, give location) 26 1513-CLINTON-ST.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) _____ c. (Last) ELLEBRACHT			4. DATE OF DEATH (Month) (Day) (Year) JUNE 13 TH 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER-MARRIED	
8. DATE OF BIRTH AUG. 21 ST 1890		9. AGE (In years last birthday) 63 YRS.		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO. O		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER.	
10b. KIND OF BUSINESS OR INDUSTRY ALBERT.BECK.CONT.CO.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO. O		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ANTON-ELLEBRACHT		13b. MOTHER'S MAIDEN NAME CATHERINE-ROEBEN.		14. NAME OF HUSBAND OR WIFE < SINGLE >	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 2-28-1918 to 3-10-1919		16. SOCIAL SECURITY NO. 487-24-5410		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Ellebracht 1513 Clinton St.	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERICARDI Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Pernicious Anemia		9 years	
		DUE TO (b) Degenerative heart disease			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2900	
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22. I hereby certify that I attended the deceased from July 1945, to June 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE F. J. ...		(Degree or title)		23b. ADDRESS 539 North Grand St. Louis, Mo.	
				23c. DATE SIGNED 6/14/54	

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 16 TH 1954		24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY.	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	

DATE REC'D BY LOCAL REG. JUN 14 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brookland Und. Co. 1827-HOGAN-ST.	
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WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed..... *W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address..... *M. Fox*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.