

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1954

State File No. **24496**
6992
Registrar's No.

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** c. LENGTH OF STAY (in this place) **4 M & 10D** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CHRONIC HOSPITAL** e. STREET ADDRESS (If rural, give location) **10 4467 Labadie (15) 2109**

3. NAME OF DECEASED a. (First) **HENRY** b. (Middle) **H.** c. (Last) **ELLEBRECHT** 4. DATE OF DEATH (Month) (Day) (Year) **7 26 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Feb. 19, 1867** 9. AGE (in years last birthday) **87** IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Shipping Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Unknown** 11. BIRTHPLACE (City and State or Foreign Country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry Ellebrecht** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Minnie Ellebrecht**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) * 16. SOCIAL SECURITY NO. **489-14-3833** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Ellerbrecht 4467 1/2 Labadie Ave**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH years
*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 DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **334X**

22. I hereby certify that I attended the deceased from **Mar. 16, 1954**, to **July 26, 1954**, that I last saw the deceased alive on **July 26, 1954**, and that death occurred at **3:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE **George M. Janaka M.D.** (Degree or title) 23b. ADDRESS **5600 Arsenal St.** 23c. DATE SIGNED **7/26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-29-54** 24c. NAME OF CEMETERY OR CREMATORY **Old St. Marcus Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, MO.**

DATE REC'D BY LOCAL REG. **Jul 28 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **SUEDMEYER & SON'S 3934 N. 20th Street**

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 *Gustav W. Duttle*.....

Licensed Embalmer No. *432*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.