

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35331

State File No.

FILED NOV 1 - 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **9584**

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 town) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 71 YRS.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S - HOSPITAL		e. STREET ADDRESS (If rural, give location) 4863 ANDERSON - A. 2070	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) - ANTHONY - c. (Last) ELLEBRACHT.			4. DATE OF DEATH (Month) (Day) (Year) OCT. 19TH 1954
------------------------------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------------------------

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAR. 30TH 1866	9. AGE (In years last birthday) 88 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - STONE - CUTTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING - INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK - ELLEBRACHT.	13b. MOTHER'S MAIDEN NAME < UNKNOWN >	14. NAME OF HUSBAND OR WIFE MARGARET - ELLEBRACHT (DECD)
-----------------------------------------------	----------------------------------------------------	-----------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Kathryn Carver ADDRESS 4863 Anderson Ave
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	------------------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ventricular dilatation = Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Cardio Vas disease = Hypertension		15 YRS
	DUE TO (c) Prostatic hypertrophy		10 yrs
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 Prostatectomy.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--------------------------------------------------------	----------------------------------------------------------------------------------

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 610X
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------

22. I hereby certify that I attended the deceased from **1945**, 19___, to **10-19**, 19**54**, that I last saw the deceased alive on **10/19**, 19**54**, and that death occurred at **8:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. C. H. Lindeman M.D. (Degree or title)	23b. ADDRESS 4126th Shrew Ave	23c. DATE SIGNED 10/21/54
-----------------------------------------------------------------	-------------------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 22 - 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. OCT 21 1954	REGISTRAR'S SIGNATURE Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. ADDRESS 1827 - HOGAN - ST.
---------------------------------------------	-------------------------------------------------	----------------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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..... *Paul Q. Wachter*

Licensed Embalmer, No. *478*

P. O. Address *St. Louis*

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.