

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42020

State File No.

FILED JAN 6 1956

10766

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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) St. Louis		c. LENGTH OF STAY (in this place) D.O.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 10 4418a Penrose Street 2109	
3. NAME OF DECEASED (Type or Print) a. (First) Cora		b. (Middle) B	
c. (Last) Ellerbrake		4. DATE OF DEATH (Month) (Day) (Year) December 7 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 7, 1882
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	11. BIRTHPLACE (City and State or Foreign Country) New Haven, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Henry Allersmeyer	
13b. MOTHER'S MAIDEN NAME Wilhelmina Baurichter		14. NAME OF HUSBAND OR WIFE Fred. W. Ellerbrake (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Earl G. Ellerbrake, Ferguson, Missouri		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis 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 331x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:25 P. m., from the causes and on the date stated above.			
23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12. 8. 55		24. BIRTHAL. CREMATION REMOVAL (Specify) Removal	
24b. DATE Dec 10 1955		24c. NAME OF CEMETERY OR CREMATORY Senate Grove Meth. Cemetery	
24d. LOCATION (City, town, or county) (State) New Haven Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	
25. ADDRESS 2161 E. Fair Ave		DATE REC'D BY LOCAL REG. DEC. 8 1955	

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.....
Hugh W. Burnley

Licensed Embalmer No....429

P. O. Address.....
H. Loew

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.