

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027628

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2059

STATE FILE NUMBER

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Frontenac</u>		Length of stay in lb <u>7 years</u>	c. CITY OR TOWN <u>Frontenac</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>43 Lynnbrook Rd.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>43 Lynnbrook Rd.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>AUGUST</u> Middle <u>W.</u> Last <u>ELBRING</u>	4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1961</u>
---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/11/95</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
--------------------	-------------------------------	---	---------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surveyor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Elbring Surveying Co.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Wm. Elbring</u>	13b. MOTHER'S MAIDEN NAME <u>Deuser</u>	14. NAME OF HUSBAND OR WIFE <u>Marvel Elbring</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Marvel Elbring, 43 Lynnbrook, Frontenac Mo.</u>
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lympho Sarcoma w/ metastases to abdominal cavity</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>
--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	COUNTY <u>St. Louis</u>	STATE <u>Mo.</u>
--	--	--	----------------------------	---------------------

21. I attended the deceased from 6/11/60 to 7/21/60 and last saw her/him alive on 7/20/60
Death occurred at 7 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Thos H. Houser M.D.</u>	(Degree or title)	22b. ADDRESS <u>3701 Grandel St</u>	22c. DATE SIGNED <u>7/22/61</u>
--	-------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/24/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>Louis H. Bopp, Inc. Kirkwood, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-23-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>
--	---------	--	---

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Francis J. Wyland Jr

Licensed Embalmer No. 4512

P. O. Address Kirkwood, 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.