

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Laclede
Township Baer or
Village Baer or
City Elmer (NO. 306 St. 5424 Ward 16)
2 FULL NAME Elmer Gattlieb Engelbrecht
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH May 27 1895
(Month) (Day) (Year)
7 AGE 21 yrs. 5 mos. 18 ds. If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Teaching
(b) General nature of industry business or establishment in which employed (or employer) In Public School
9 BIRTHPLACE (City or town, State or foreign country) Stony Hill Mo.
10 NAME OF FATHER John Engelbrecht
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Drake Mo.
12 MAIDEN NAME OF MOTHER Anna Hilkerbauer
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Drake Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Engelbrecht
(Address) Stony Hill Mo.
15 No. 17 1916
Dr. Frederick Aufderheide Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH No. 15 1916
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from No. 11 1916 to No. 15 1916
that I last saw him alive on No. 14 1916
and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
31/20
(Duration) 4 yrs. 11 mos. 18 ds.
CONTRIBUTORY (Secondary) Measles years ago
(Duration) 4 yrs. 11 mos. 18 ds.
(Signed) Frederick Aufderheide
No. 17 1916 (Address) Drake Mo.
*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 21 yrs. 5 mos. 18 ds. In the State 21 yrs. 5 mos. 18 ds.
Where was disease contracted if not at place of death? At place of death
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL Stony Hill Mo. DATE OF BURIAL No. 18 1916
Per Rev. St. John's Cem.
20 UNDERTAKER Hermann Blumer ADDRESS Berger Mo.