WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

28788

1. PLACE OF DEATH

County ..... Registration District No. ..... 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8268

City St. Louis (No. Lutheran Hosp. St. ..... Ward)

2. FULL NAME Jacob N. Eberhard

(a) Residence. (No. 321 E. Swon Webster Gr. St. 24 Ward. Webster Groves Wt 9
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaretta Langenecker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	6	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

PARENTS

10. NAME OF FATHER Jacob Eberhard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Anna Ulrich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Mrs. J. Eberhard
(Address) 321 E. Swon Av. Webster Gr.

15. FILED AUG 14 1928 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30th, 1928, to Aug. 13, 1928, that I last saw him alive on Aug. 12, 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endo + Myocarditis

131

97A

930

(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chr. Interstitial Nephritis

— (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12 W

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) A. F. Plag, M. D

, 19 (Address) 3150 Morganford Rd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mo. Crematory

DATE OF BURIAL 8/16 1928

20. UNDERTAKER Witt Bros L + U. Co. 2929 S. Jefferson

ADDRESS