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

Do not use this space.

8687

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2360

City St Louis Mo (No. St Anthony Hospital St. ..... Ward)

2. FULL NAME F. Theodore Ebel

(a) Residence. No. 1930 Withnell St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Veronica Ebel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-29-1852

7. AGE: Years 76 | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Book Company
(c) Name of employer

135

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

10

PARENTS*

10. NAME OF FATHER: Theodore Ebel

10

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

12. MAIDEN NAME OF MOTHER: Marianna Keggenhoff

10

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

14. INFORMANT: Theodore Ebel
(Address) 1930 Withnell

15. FILED FEB 21 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-19 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Feb 19, 1929, that I last saw him alive on Feb 19, 1929, and that death occurred, on the date stated above, at 11:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio Pneumonia
137
135C
100A
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Hypertrophied Prostate - Urinary Retention (duration) ..... yrs. 6 mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 11, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical course

(Signed) N A Schneider, M.D.

2/20, 1929 (Address) 2708 Lynch

*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: SS Peter & Paul Cem
DATE OF BURIAL: 2-22 1929

20. UNDERTAKER: Weick Bros
ADDRESS: 2201 So Grand

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.