

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township St. Louis Primary Registration District No.....  
City St. Louis (No. Deaconess Hospital)

1791  
2002

✓ 2411  
File No.....  
Registered No. 67  
St. .... Ward)

**2. FULL NAME** Louise Eberhardt,

(a) Residence. No. 1447 LeRoy Ave St. 4 Ward. St. Louis Co - Mo  
(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 Female 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 Dan. Eberhardt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	44	1	18	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife 335  
(b) General nature of industry, business, or establishment in which employed (or employer). At Home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant Park,  
(STATE OR COUNTRY) Illinois 2

**PARENTS**  
10. NAME OF FATHER Fred. Schnathorst,  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10  
12. MAIDEN NAME OF MOTHER Lottie Bergman  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Spirit Lake 2  
Iowa.

14. INFORMANT Dan Eberhardt  
(Address) 1447 LeRoy Ave

15. FILED JAN -3 1932 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1931, to Jan 2, 1932 that I last saw h. alive on Jan 1, 1932, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myeloid  
Chronic Interstitial Nephritis  
Hypertension  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Illinois 31  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? 8 DATE OF 1

20. WAS THERE AN AUTOPSY? 1  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) L. H. Thompson, M. D.

1/2, 1932 (Address) 203 Brown St

\*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 Petersburg Ill DATE OF BURIAL Jan 3 1932

20. UNDERTAKER Geo L. Plutschke ADDRESS 5966 Easton

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.

W. L. ...  
3720 Washington  
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