

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

8757  
 Do not use this space.

2346

REC'D APR 1 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City St. Louis, Mo. (d) Street No. 3132 New Ashland Place St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** William B. Ebel 140

(a) Residence, No. 3132 New Ashland Place St. 10  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 Matilda C. Ebel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
71 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Mechanic  
 9. Industry or business in which work was done, as saw mill, bank, etc. Self  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Not Known 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9

MOTHER 15. MAIDEN NAME Not Known 9  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Esther Ebel 3132 New Ashland Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Mar. 10 1938

19. FUNERAL DIRECTOR (ADDRESS) A. Kraw & Co. 2707 N. Grand Blvd

20. FILED MAR 9 1938 J. F. Bredsch Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1938

22. I HEREBY CERTIFY, That I attended deceased from bet 1937, to Mar 8, 1938

I last saw him alive on Mar 7, 1938. Death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

Received Hemorrhage Date of onset 3/5/38  
82

Other contributory causes of importance:

Ulcers  
Hypertension  
Previous Cerebral Hemorrhage

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) A. C. C. Hoff, M. D.

(Address) 2743 N 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.

