

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.

1008
Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(d) Length of stay: In hospital or institution 28 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 1
(c) City or town ST. LOUIS
(d) Street No. Ozanam Shelter 3229 MONTGOMERY ST.
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Albert Eberhardt
3. (b) If veteran, name war unknown 3. (c) Social Security No. none

20. DATE OF DEATH: Month September, 1939 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from August 9, 1939 to September 6, 1939, that I last saw him alive on September 6, 1939, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 23, 1867
(Month) (Day) (Year)

Immediate cause of death. Bronchopneumonia Chronic myocarditis
Due to Arteriosclerosis
Other conditions _____
(include pregnancy within 3 months of death)

8. AGE: Years 72 Months 3 Days 14 If less than one day hr. _____ min. _____
9. Birthplace N. York (City, town, or county) (State or foreign country)

Major findings: 810
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

10. Usual occupation Nil
11. Industry or business _____
12. Name Theodore Eberhardt
13. Birthplace Germany
14. Maiden name unknown
15. Birthplace Germany

MOTHER FATHER
16. (a) Informant's own signature Miss Ann Morrison
(b) Address 1515 Lafayette Ave
17. (a) Burial (b) Date thereof 9-9-1939
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Callan Kelly
(b) Address 1114/16 N. Taylor
19. (a) _____ (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. Schuman (M. D. or other) MD
Address 1515 Lafayette 9/8/39
Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Raymond E. Hehrke

License # 3985 (City # 18)
Registered Apprentice No.

working under my personal supervision.

Signed

Rex C. Campbell

Licensed Embalmer No.

5881 (City # 179)

P. O. Address

W. Lewis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.