S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 576

Registration District No. 791 ~~100~~ Primary Registration District No. Registrar's No. 576

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1day (Specify whether

In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")

(d) Street No. 5150 Lotus Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anne Ebert 163

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

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 Nov. 11 (Month) 1935 (Day) (Year)

8. AGE: Years 4 Months 2 Days 8 If less than one day hr. ✓ min.

9. Birthplace St. Louis, Mo. (City, town, or county) ✓ (State or foreign country)

10. Usual occupation At Home

11. Industry or business ✓

FATHER
12. Name Anthony A. Ebert
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Bauer
15. Birthplace Jonesboro, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Anthony A. Ebert

(b) Address 5150 Lotus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 2117 Grand

19. (a) JAN 20 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 13 day 19 year 1940 hour 11 A.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot wound of Liver and Right Kidney at the Hands

Due to of one Richard Crown age 4 yrs white playing

Due to at his home 5146 Lotus Ave Jan 18-1940 about 300 p.m.

Other conditions (Include pregnancy within 3 months of death) Accident

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1/18/40

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lussen (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for rev[illegible]ion of license.)

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