

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23228
Registrar's No. 5673

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: Lutheran Hospital
(d) Length of stay: In hospital or institution 15 weeks
In this community Life

3. (a) PRINT FULL NAME Marie Eberhardt

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 Widowed

6. (b) Name of husband or wife Harry Eberhardt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 0 18 hr. none

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

10. Usual occupation Drassmaker

11. Industry or business _____

12. Name Henry Wehmeier

18. Birthplace St. Louis County
(City, town, or county) (State or foreign country)

14. Maiden name Mary Froese

15. Birthplace St. Louis County
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Eberhardt
(b) Address 5434 Ruskin Av.

17. (a) Burial (b) Date thereof July 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Berdenweiden Funeral Home
(b) Address 1936 St. Louis Av.

19. (a) Jul 3 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 5434 Ruskin Av.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1940 hour 12 minute 10 AM.

21. I hereby certify that I attended the deceased from 3-22, 1940, to 7-1, 1940
that I last saw h alive on 7-1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of transverse colon
Duration 1 1/2 yrs.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Death in transverse colon proved to be carcinoma
Of operations _____
Of autopsy _____

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 Best Klein (M. D. or other) _____
Address 2632 S Kingshighway Date signed 7-2-40

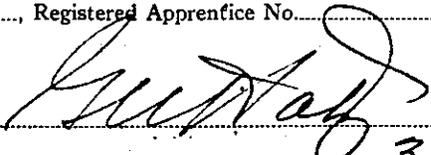
WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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 Apprenfice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No..... *3727*

P. O. Address..... *1936 N. Taus*

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.