

No. 2
-11-10-39
5-1-1940
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40194**
Registrar's No. **9965**

JAN 15 1941
791

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8yr. 6mo. 29days
(Specify whether _____)
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL") **13**
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Fred Ebenrick

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Sep.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 1 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 3 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Henry Ebenrick

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Knocker

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Bullman

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Dec 7 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church

18. (a) Signature of funeral director Thorndike

(b) Address 2906 Francis Ave

19. (a) DEC 5 1940 (b) J. H. Bredbeck
(Received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1940 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from October 27, 1940 to Dec. 4, 1940
that I last saw him alive on Dec. 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____
2 wks. - C.W.S.
1 abs. Dorsalis

Due to _____

Due to _____

Other conditions 80
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 1

23. Signature N.R. Bierman, M.D. (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Thos Lutes

....., Registered Apprentice No.

working under my personal supervision.

Signed *Thos Lutes*.....

Licensed Embalmer No. *1619*.....

P. O. Address *2906 Francis St*.....

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.