

No. 2  
4-13-40  
5-17-39  
PI X23159

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **10748**

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

1. PLACE OF DEATH:

(a) County..... **3**

(b) City or town..... **St. Louis**

(c) Name of hospital or institution:  
**5564 Winnebago Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... **Frances Cecelia Ebert**

3. (b) If veteran, name war..... **No.**

3. (c) Social Security No..... **None**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Dolph**

6. (c) Age of husband or wife if alive..... **unk** years

7. Birth date of deceased..... **Sept. 10 6-12-1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>72</b>	<b>6</b>	<b>15</b>	.....hr. ....min.

9. Birthplace..... **Pacific Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Gottfried Heidenfelder**

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

14. Maiden name..... **Mary Ann Netcher**

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

16. (a) Informant..... **Wm. J. Kenny**

(b) Address..... **Pacific, Mo.**

17. (a) **Burial** (b) Date thereof **12/29/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Pacific, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Ave.**

19. (a) **DEC 27 1940** (b) **J. T. Bredbeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

(c) City or town..... **Pacific** **N.R.**  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **27**  
year..... **1940** hour..... **1040** minute..... **A** M.

21. I hereby certify that I attended the deceased from..... **12-27**  
....., 19**40**, to..... **12-27**....., 19**40**

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **arteriosclerotic heart disease yrs.**

Due to..... **acute cardiac failure**

Due to..... **Chronic Bronchitis**

Other conditions..... **Chronic**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **no**

Of autopsy..... **no**

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).....

(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..... **R. Dawson** (M. D. or other) **M. D.**  
Address..... **601 University Center** Date signed..... **12-27-40**

**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 *J.G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address .....

**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, fact should be so stated above.**