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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 869

Registrar's No. 869

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:
Lutheran Convelesent Home 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 yr 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or ~~town~~ Collinsville N.R.11
(If outside city or town limits write "RURAL")

(d) Street No. 416 West Clay 150
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Mary Eberhardt

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 Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased April 20th-1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	7	hr. min.

9. Birthplace Collinsville, Ills., 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business housework-own home

FATHER
12. Name Jacob Eberhardt
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Muetzler
15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Eberhardt
(b) Address Collinsville Ill

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Ills.,

18. (a) Signature of funeral director Geo M. Schnaeppel
(b) Address Collinsville, Ills.

19. (a) JAN 27 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1941 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 18th, 1940, to Jan 26, 1941;
that I last saw her alive on Jan 26, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Hypertension	
Due to	
Other conditions Cardiac Valvular Disease (Include pregnancy within 3 months of death)	

Major findings:
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? — (City or town) — (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Herbert L. Monhagen (M. D. or other)
Address 5899 Delmar Av Date signed Jan 27/41

(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 ~~XXXX~~ .....

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

working under my personal supervision.

Signed Leo M. Schaeppel

Licensed Embalmer No. 1598

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, above space should be left blank.