

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution City Sanitarium
(d) Length of stay: In hospital or institution 7 yrs. 3 mos. 13 das.
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1835 Papin St.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME ROSE EBERHARDT
(b) If veteran, name war No
(c) Social Security No. No
4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced widow
7. Birth date of deceased About 1864

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 24 year 1941 hour 6:30 minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from 3-12-34 19____ to 6-24-41 19____
that I last saw her alive on 6-24-41 19____
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min. About 77 yrs.
9. Birthplace Ogelthorpe County, Georgia
10. Usual occupation Housework
11. Industry or business Housewife
12. Name Spencer Cox
13. Birthplace Unknown Georgia
14. Maiden name Phelia Faust
15. Birthplace Unknown Georgia
16. (a) Informant Lester Smith
(b) Address 5400 Arsenal St
17. (a) Burial (b) Date thereof _____
(c) Place: burial or cremation waiting to bury
18. (a) Signature of funeral director R. C. Houston
(b) Address 7547 Grand St
19. (a) JUN 28 1941 (b) J. P. Bredack

Immediate cause of death Chronic Myocarditis 1934x
Due to Gen. Arteriosclerosis 1934x
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy No.
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 (a) in industrial place, in public place? _____
23. Signature Hubert P. Smith (M. D. or other) _____
Address 5400 Arsenal Date signed 6/15/41

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

17
9

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17

13 224

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____
_____ *myself* _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. *2766*

P. O. Address *2817 Thomas*

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.