

FILED JAN -5 1943 318

Registration District No.

Primary Registration District No.

Registrar's No.

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:
5837 Nina Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community L ife
years, months or days)

3. (a) PRINT FULL NAME GEORGE EBERHARDT

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

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

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 8 (Month) 2 (Day) 1864 (Year)

8. AGE: Years 78 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Rice Stix,

11. Industry or business.....

MOTHER FATHER

12. Name Emile Eberhardt

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

14. Maiden name Minnie Unknown

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

16. (a) Informant Gertrude Eberhardt

(b) Address 5837 Nina Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd

19. (a) DEC 28 1942 (Date received local registrar) (b) J. F. Busch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5837 Nina Place (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct-5 to Dec 27- 19 42
that I last saw him alive on Dec 23- 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic myocarditis

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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) (c) (Type of injury)

23. Signature J. F. Busch (M. D. or other)

Address 6175 Delmar Blvd Date signed 12/28/42

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

Dr. Ray Compton
6122 Page - Ca 1010

(upto 4 P.M.)

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 Joe E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.