

S. No. 2  
M-9-4-41  
5-17-39  
PI X29484

16040

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 4920

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
4959 Sunshine Dr.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life. (Specify whether)  
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")  
(d) Street No. 4959 Sunshine Dr.,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis K. Ebel

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 26th  
year 1943 hour \_\_\_\_\_ minute 42 A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased May 20th, 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 43  
2 yrs to May 26th 1943  
that I last saw him alive on May 26th 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
61 0 6 hr. \_\_\_\_\_ min.

Immediate cause of death:  
Carcinoma of Colon and Liver  
Primary in liver  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Due to \_\_\_\_\_  
Hof

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

Major findings:  
Of operations Carcinoma of Liver;  
Carcinoma of Colon, with obstruction  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Chauffeur

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis Ebel  
13. Birthplace Europe 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Fix  
15. Birthplace Bellville Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline J. Egel  
(b) Address 4959 Sunshine Dr.,

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 5/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John Ziegenhert & Sons  
(b) Address 7027 Gravoys Ave.

19. (a) MAY 28 1943 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

23. Signature William Barron (M. D. or other) W.H.  
Address 3601 S. Jefferson Date signed 5-27-43

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

**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.....

Licensed Embalmer No. 3877

P. O. Address 7037 Havana

**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.**