

FILED JUL 8 1943 318

Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Apt 705 / 1919 S. Grand Blvd.
(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 **Blanche A. Ebanues**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: **June 18 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **0** Days **8**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Clerical Work**

11. Industry or business **Con P. Curran Printing Co.**

MOTHER FATHER { 12. Name **Frank Ebanues**
 13. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Harries**
 15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Quito A Ebanues**
 (b) Address **6145 Waterman Ave**

17. (a) **Burial** (b) Date thereof **6-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **A. Mon Hud. Co.**

(b) Address **2707 N Grand Blvd**

19. (a) **JUN 28 1943** (b) **J. F. Bradshaw**
(Data received local registrar) (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. **1919 S. Grand Blvd**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26**
 year **1943** hour **8** minute **45 pm.**

21. I hereby certify that I attended the deceased from **June 26 1943** to **June 26 1943**
 that I last saw him alive on **June 26 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Dilatation of Heart
 Due to **Endo Carditis, Chronic**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations _____
 Of autopsy **None**

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) **no**
 (b) Date of occurrence _____
 (c) Where did injury occur? **no**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**
 (Specify type of place)
 (e) Means of injury _____
 Signature **Redefer S. Ditt** (M. D. certifier)
 Address **3805 1/2 S. Arroyo** Date signed **26/6/43**

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 Paul F. Zwolenberg
Licensed Embalmer No. 2681
P. O. Address 2707 N. Grand

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.