

ED. JUL 10 1943

Registration District No. 17

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County Saint Louis, Co. Missouri.
(b) City or town Affton, Missouri.
(c) Name of hospital or institution: 6221 Weber Road Affton Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 96
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 6221 Weber Road.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Wenzel Eberhardt,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Natalie Eberhardt, 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased October 30th, 1880.
(Month) (Day) (Year)

8. AGE: 62 Years 8 Months 2 Days If less than one day hr. min.

9. Birthplace Unknown Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man
11. Industry or business Affton High School

12. Name ? Eberhardt
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Natalie Eberhardt
(b) Address 6221 Weber Road Affton Mo.

17. (a) Burial (b) Date thereof July 6, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 6409 Gravois Ave.

19. JUL 6 1943 (Date received local registrar) (b) E. J. McGowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd,
year 1943. hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Natural causes. Duration

Due to Coronary sclerosis.

Due to.....

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

Major findings: Of operations.....
Of autopsy Yes. 94A
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)..... (e) Means of injury.....
Signature Louis H. Roy
Address Kirkwood, Mo. 7-3143 Date signed.....

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

MOTHER FATHER

JUL 15 1946
OCT 14 1947

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 *Juddie W. Gregerheim*
Licensed Embalmer No. *2270*
P. O. Address *6409 Graves*

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.