

Registration District No. **318**

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution:
St. Anthony Hospital
(d) Length of stay: In hospital or institution..... **8 days**
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Sharon Eberhart**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced..... **OS**

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

7. Birth date of deceased **July 24 1943**
(Month) (Day) (Year)

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

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

10. Usual occupation **nil**

11. Industry or business.....

12. Name..... **Kenneth D. Eberhart**

13. Birthplace **Cedar Rapids, Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Gertrude Stover**

15. Birthplace **Cedar Rapids, Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Kenneth D. Eberhart**

(b) Address..... **8217-Brenner Overland, Mo.**

17. (a) **Burial** (b) Date thereof..... **8-3-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Fee Fee Cemetery**

18. (a) Signature of funeral director..... **James A. [unclear]**

(b) Address..... **2504-Woodson Overland**

19. (a) **Aug 5 1943** (b) **J. F. [unclear]**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town..... **St. Louis**
(d) Street No. **St. Anthony Hospital 8217 Brenner - Overland**
(e) Citizen of foreign country? **No**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **2** year **1943** hour **2** minute **30** M.

21. I hereby certify that I attended the deceased from **27**, 19**43**, to **Aug 1**, 19**43**
that I last saw **her** alive on **Aug 1**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
system stenosis

Due to.....
Coronary

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

Major findings:
Of operations..... **154**

Of autopsy.....

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) (Means of injury)

Signature..... **J. F. [unclear]** (M. D. or [unclear])

Address..... **1803 [unclear]** Date signed..... **Aug 3 1943**

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

MOTHER FATHER

2202

2202

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.....

W G Peterson

Licensed Embalmer No..... *#3167 City #17*

P. O. Address *Overland Mo.*

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.