. S. No. 2
M—9-4-41
ev. 5-17-39
X29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29385 8695

FILED OCT 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32yrs 7mos 18ds. (Specify whether years, months or days)
In this community 46 years

2. USUAL RESIDENCE OF DEACESED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9/3 (If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME OSCAR 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 single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1879 (Year)
8. AGE: Years 64 Months 2 Days 26 If less than one day hr. min.
9. Birthplace unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation none
11. Industry or business —
12. FATHER Name unknown Anton Eberhardt
13. FATHER Birthplace unknown (City, town, or county) Germany (State or foreign country)
14. MOTHER Maiden name unknown
15. MOTHER Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Thelma A Snyder
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard
18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec
19. (a) OCT 1 1943 (Date received local registrar) (b) J. J. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't day 29 year 1943 hour 11:55 minute A. M.
21. I hereby certify that I attended the deceased from 7-1-1936, 19..., to 9-29-43, 19... that I last saw him alive on 9-29-43, 19... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Hearts Disease	1940x
Generalized Arteriosclerosis	1940x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Walter L. Moore (M. D. or other) MD.
Address 5400 Arsenal St Date signed 9/29/43.

(Licensed Embalmer's Statement on Reverse Side)

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 George Archambault, Registered Apprentice No. X X, working under my personal supervision.

Signed George Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miramar

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.