

FILED SEP 17 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7995**

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:
St. Anthony's Hospital
(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)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis **239**
(If outside city or town limits, write "RURAL")

(d) Street No. 923 Meyer Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA EBERLINE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1943 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from 7/30
1943, to 9-5, 1943
that I last saw her alive on 9-5, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife John Eberline alive 6? years

7. Birth date of deceased: Jan. 16th 1880
(Month) (Day) (Year)

Immediate cause of death:

1. Chronic myocarditis & hypertension **several yrs.**

2. Pyelo-nephritis @ i. Bilateral renal **" "**
Duodenal calculi

3. Squamous cell carcinoma of **about**
cervix uteri **1 1/2 mo.**

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name August Eberline

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret Kelly

(b) Address 4104 H Manchester Ave.

17. (a) Burial (b) Date thereof 9-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

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? _____ (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 _____

18. (a) Signature of funeral director W. J. W. Taylor

(b) Address 4228 So. Kingshighway

19. (a) SEP 7 1943 (b) J. J. Forebeck
(Date received local registrar) (Registrar's signature)

23. Signature Wm. J. W. Taylor (M. D. or other) _____

Address 3804 Wilmingt. Ave. St. Louis Mo. Date signed 9-6-43

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

Mr. Malara

3806 Wilbur Street
St. Louis, Mo. 63114

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 Edwin A. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.