

No. 2
1-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33050**
8943
Registrar's No.

FILED OCT 22 1943
318

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days.
(Specify whether _____)
In this community 3 Days
(years, months or days)

3. (a) PRINT FULL NAME Joseph Edwin Eberlin
(b) If veteran, name war None (c) Social Security No. 489-09-2810

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola Marie Eberlin 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased October 11, 1901
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Pipefitter

11. Industry or business Oil Refinery

12. Name Joseph Charles Eberlin

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

14. Maiden name Ida Katherine Williams

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

16. (a) Informant Ida Eberlin

(b) Address Godfrey Ill R.F.D.H.

17. (a) Burial Record (b) Date thereof Oct. 11, 1943
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert H. Strecker
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) OCT 11 1943 (b) J. F. Busack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Fast Delmar, Godfrey Township,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1943 hour _____ minute _____ 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: General Peritonitis following distention + edema of large bowel. Cause + manner of same could not be determined
Due to _____
Due to _____

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

Major findings: Of operations 129
Of autopsy _____

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 3
23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 10-11-43

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

MOTHER FATHER

JUN 30 1944

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..... *Robert H. Streepes*.....
Licensed Embalmer No. *2474*.....
P. O. Address..... *Alton Ill.*.....

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.