S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4176

Registration District No. FILED FEB 24 1945 18 Primary Registration District No. 1003 Registrar's No. 1389

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4710a Arsenal St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 16

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

(d) Street No. 4710a Arsenal St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carrie Ebling

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Benton

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

7. Birth date of deceased Sept (Month) 12 (Day) 1860 (Year)

8. AGE: Years 84 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Unknown Coney
13. Birthplace Vermont (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Toliver
15. Birthplace Vermont (City, town, or county) (State or foreign country)

16. (a) Informant Russell Ebling
(b) Address 4710a Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 13 (Day) 45 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) FEB 13 1945 (Date received local registrar) (b) J. F. Bridson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1945 hour 9.30 PM minute M.

21. I hereby certify that I attended the deceased from Jan 4 1945 to Feb 10 1945
that I last saw her alive on Feb 10 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, Bronchial	3 wks
Due to	
Due to 107	
Other conditions Bronchiectasis (Include pregnancy within 3 months of death)	3-4 yrs

Major findings:
Of operations none
Of autopsy none

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 C. E. Gilleland MD (M. D. or other)
Address Mo Theatre Date signed 2/12/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Gilliland
Nc 1997
Mo Building
2 5

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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 D McDermott

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.