

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

25189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 16 1946
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5871

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:
2500A W Dodier 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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County par

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

(d) Street No. 2500A W Dodier St
(If rural, give location)

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

3. (a) PRINT FULL NAME Clara Louise Ebeler

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1946 hour 8:00 minute A M.

4. Sex Female

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 October 24 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 30 1945 to July 1 1946;
that I last saw her alive on July 1 1946;
and that death occurred on the 1st day and hour stated above.

8. AGE: Years Months Days If less than one day
55 8 7 hr. _____ min.

Immediate cause of death Acute Endocarditis

Due to virus infection & plural effusion

Due to _____

Other conditions (Include pregnancy within 3 months of death) 110

Major findings: Of operations _____

Of autopsy _____

Duration 2 days

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

10. Usual occupation Housework

11. Industry or business Self

12. Name Joseph Ebeler

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

14. Maiden name Louise Doerr

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

16. (a) Informant Selma Ebeler

(b) Address 2500A W Dodier St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 3 1946 (Date received local registrar)

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? _____

23. Signature Arthur Sundback (M. D. or other) MD
Address 2202 University St. Date signed 7/1/46

Specify type of place _____ (e) Means of injury _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24010

2802 University
1-2-2. P.M. Today

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 John O. Minor
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.