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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29564

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1023

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

**1. PLACE OF DEATH:**

(a) County Bucnanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether In this community 80 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

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

(d) Street No. 407½ Edmond St (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Felix Eberla

3. (b) If veteran, name war no

3. (c) Social Security No. 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 January 14, 1847 (Month) (Day) (Year)

8. AGE: Years 99 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business Retired

FATHER
12. Name unknown
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Rachel Ringer

(b) Address 407½ Edmond St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Worthwine Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Sept. 12, 1946 (Date received local registrar) (b) H. J. Nestlehuck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September 2 year 1946 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from Sept 3d, 1946, 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 Injuries received when he fell down stairs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration

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) Accident

(b) Date of occurrence Sept 2nd 1946

(c) Where did injury occur? St, Joseph, Mo, (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature B. W. Fadloff Coroner (M. D. or other)

Address King Hill Bldg Date signed 9/14/46

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.**