

Registration District No. **317** Primary Registration District No. **6076**

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

3. (a) PRINT FULL NAME **Valentine T. Ebert**
3. (b) If veteran, name war..... **3. (c) Social Security** 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 **Jan. 4th, 1907**
(Month) (Day) (Year)

8. AGE: Years **40** Months **13** Days **13** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business

12. Name **Chas. Ebert**
13. Birthplace **Hungaria**
(City, town, or county) (State or foreign country)

14. Maiden name **Anne Mueller**
15. Birthplace **Hungaria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen Nitzsche**
(b) Address **732 Ave. E. Lemay**

17. (a) Burial (b) Date thereof **Jan. 20th, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **H. Peter Pan**
18. (a) Signature of funeral director **Kraeger-Voss, Inc.**
(b) Address **3402 N. Kingshighway**

19. (a) L-21-47 (b) **Arthur J. Allen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **732 Ave. E. Lemay**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17th**
year **1947** hour **Unknown** minute..... M.
21. I hereby certify that I attended the deceased from **Death without**
medical attendance....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Death without medical attendance**
UNKNOWN
Duration

Due to.....
Due to.....

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

Major findings:
Of operations.....
No autopsy
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)
Means of injury.....

23. Signature **Ruth J. Allen** M. D. (M. D. or other)
Address **601 Brentwood Blvd.** Date signed **1/21/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1-27-47 103

JAN 31 1947

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 S. Penney

Licensed Embalmer No..... *4194*.....

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.