

Registration District No. ....

Primary Registration District No. ....

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: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **3 mos. 4 ds.**  
(Specify whether  
In this community..... **67 yrs.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **2823a Gasconade St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **EMMA EBENRECK**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex..... **Female** 5. Color or race..... **white**  
6. (a) Single, widowed, married, divorced..... **Widow**  
6. (b) Name of husband or wife..... **Jacob Ebenreck**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **November 15 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 5 14** hr. min.

9. Birthplace..... **St. Louis Missouri 6**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business..... **James Bange 4**

12. Name..... **Germany**

13. Birthplace..... **Emily Rawee**  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... **Missouri 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Helena A. Suigler**

(b) Address..... **Burial 5400 Arsenal St.**

17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... **5/3/47**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary**

18. (a) Signature of funeral director..... **Stroot-Carroll**

(b) Address..... **4600 Natural Bridge Ave.**

19. (a) **MAY 1 1948** (b) **J. J. Bredeek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29**  
year **1947** hour **5.00** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov. 25**, 19**46** to **April 29**, 19**47**.

that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Diabetes Mellitus** Duration **1946x**

Due to **Arteriosclerotic Heart Disease** **1946x**

Due to..... **61**

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

Major findings:  
Of operations.....

Of autopsy.....

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) Manner of injury..... **0**

23. Signatur..... **W. J. Lawrence** M. D. other **4/30/47**  
**5400 Arsenal St.**

Address..... Date signed.....

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

MOTHER FATHER

---

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.....

Licensed Embalmer No.....

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.