V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26336

FILED JUL 23 1947

Registration District No. 3/47

Primary Registration District No. 6076

Registrar's No. 1523

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks 23.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: VAH Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 7/11/47 (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5211 Wabada 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EBERT, John G

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex male C

5. Color or race white

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 2, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	11	11	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business Supt.-Douglas Air-Craft

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/17/1947 (Month) (Day) (Year)
(c) Place of burial or cremation National Cemetery Jefferson Barracks, Mo

18. (a) Signature of funeral director Wacker-Helderle
(b) Address St. Louis, Mo.

19. (a) 7-17-47 (Date received local registrar) (b) Carl A. Shaw MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1947 hour 9:10 minute P M.

21. I hereby certify that I attended the deceased from July 11, 1947, to July 13, 1947, 19...;
that I last saw him alive on July 13, 1947, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death RHEUMATIC HEART DISEASE WITH AORTIC STENOSIS AND INSUFFICIENCY, PLEURAL EFFUSION AND DECOMPENSATION

Due to 920

Due to

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy No Autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 0

23. Signature L. E. Stilwell (M. D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 7/14/47

Jefferson City Printing Co.

(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 Robert C. Wheeler

Licensed Embalmer No. 2128

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.