S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42979
Registrar's No. 11933

Registration District No. 318 Primary Registration District No. 1003

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 15yrs 10mos 15ds.
In this community 32 years (Specify whether 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. 2201 S. 7th St
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Albania

3. (a) PRINT FULL NAME MERSIN EBERAIN
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 March (Month) 18 (Day) 1903 (Year)

8. AGE: Years 44 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Albania (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

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

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

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof DEC 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Svc
(b) Address 4355 Washington
19. (a) DEC 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 3
year 1947 hour 3:55 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1945 to Dec., 3, 1947; that I last saw him alive on Dec., 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	6 mos
Arterial Hypertension	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No.

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)
(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

23. Signature Paul T. Hartman (M. D. or other)
Address 5400 Arsenal St Date signed 12/4/47

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.....

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.