

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21679
Registrar's No. 1449

Registration District No. 517

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
in this community _____ years, months or days)

3: (a) PRINT FULL NAME Thomas Eberwein

3. (b) If veteran, name war no 3. (c) Social Security No. none

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: August 9 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Eberwein 1

13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace Germany 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Schneider

(b) Address R.R. # 2 Chesterfield, Mo.

17. (a) Burial (b) Date thereof 6/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gumbo Cemetery

18. (a) Signature of funeral director Meyer-Pfizinger Fun. Dir.

(b) Address Kirkwood, Missouri

19. (a) 6-9-48 (b) Conrad Hoppo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 76
(c) City or town Chesterfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 2 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 1 minute 00 " M.

21. I hereby certify that I attended the deceased from March 1, 1947 to June 9, 1948
that I last saw him alive on June 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic bronchopneumonia
Due to Cerebral hemorrhage June 1, 48

Due to 93d

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

23. Signature B. R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed _____

WRITE PLAINLY—USE 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 *W. H. Pfitzinger*.....

Licensed Embalmer No. *4316*.....

P. O. Address *Kirkwood, 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.