

FILED AUG 2 1948

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 785

## 1. PLACE OF DEATH:

- (a) County Buchanan  
 (b) City or town St. Joseph, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2906 Sylvan St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 1 week  
 years, months or days)

3. (a) PRINT FULL NAME Clara Viola Eberold3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Albert Eberold 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 29, 1864  
 (Month) (Day) (Year)

8. AGE: Years 1 83 Months 9 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace DeKalb County, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name Henry Gottschall 4  
 13. Birthplace unknown, Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Josephine Geller  
 15. Birthplace Punktown, Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Galen Eberold  
(b) Address Union Star, Mo.17. (a) Burial (b) Date thereof July 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director Frederic M. Wilcox  
(b) Address King City, Mo.19. (a) 7-26-48 (b) J. C. Jenkins  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County DeKalb 32  
 (c) City or town Union Star, Mo. Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3 1/2 miles East of Union Star  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? no years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1948 hour 9 minute 35 P.M.21. I hereby certify that I attended the deceased from July 23, 1948 to July 23, 1948  
that I last saw him alive on July 23, 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 1 hour

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations None

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) Means of injury None23. Signature E. M. Reynolds (M. D. or other) \_\_\_\_\_  
Address Union Star, Mo. Date signed 7-24-48

AUG 20 1949

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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 *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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, above space should be left blank.