

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35091

FILED NOV 9 1948
Registration District No. 377

Primary Registration District No. 6076

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
521 Country Club Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 521 Country Club Dr.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minnie Wollblock Ebert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th
year 1948 hour _____ minute _____ M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Leonard Ebert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 23, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 14, 1948, to Oct. 29, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Cerebral Thrombosis Duration 2 wks.

Due to Arteriosclerosis, generalized

Due to Hypertension, unknown

Other conditions g 35 unknown

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

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Frederick Wollblock

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

14. Maiden name Sophie unknown

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

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? _____

16. (a) Informant Mr. Wesley C. Ebert

(b) Address 521 Country Club Drive

17. (a) cremation (b) Date thereof 11/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Drehmann-Harnel

(b) Address 1905 Union Blvd.

19. (a) 11-1-48 (b) Bevilacqua
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Rush McAdams (M. D. or _____)

Address 906 Olive Date signed 10/29/48

Dr. Rush McAdam
Frisco Bldg.

(1111 2)

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 Warren A. Carter

Licensed Embalmer No. 353X

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.