

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24722**
6087
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 45 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5524 Mardel				STREET ADDRESS (If rural, give location) 5524 Mardel					
3. NAME OF DECEASED (Type or Print) NICK			a. (First) _____ b. (Middle) EBERHARDT c. (Last) _____			4. DATE OF DEATH July 13, 1950 (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1887			
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Nick Eberhardt			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Lillie A. Eberhardt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lillie A. Eberhardt				
					ADDRESS 5524 Mardel				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney, left.								4 mos.	
ANTECEDENT CAUSES				DUE TO (b) None					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) None					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION April 24, 1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma of pelvis of left kidney; metastases to ureter, left scrotum & retroperitoneal area.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21b. (CITY, TOWN, OR TOWNSHIP) None		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None.					
22. I hereby certify that I attended the deceased from _____, 19____, to July 13, 1950 , that I last saw the deceased alive on July 13, 1950 , and that death occurred at 3:00 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE Herbert C. Megard, M.D.				(Degree or title)		23b. ADDRESS 3720 Washington Blvd.			
23c. DATE SIGNED July 14, 1950		24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE July 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum			
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 14 1950		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Gravois Ave.			

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

W. H. ...
J. E. 3557
3:00 P.M.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold C. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2416 ...*

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.