

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1950

State File No. 28156

Registrar's No. 7092

BIRTH NO. 52468-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Louis</u> c. LENGTH OF STAY (in this place) (township) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collinsville 8120</u> d. STREET ADDRESS (If rural, give location) <u>1304 Olive Street 8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>JAMES</u> c. (Last) <u>EBERLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1950</u>	
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 0</u>	8. DATE OF BIRTH <u>August 19, 1950</u>
9. AGE (To years last birthday) IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. - - - - -	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Carl Eberle</u>		13b. MOTHER'S MAIDEN NAME <u>June Agles</u>	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carle Eberle</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Diabetes in mother.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7.6.9.60</u>	
22. I hereby certify that I attended the deceased from <u>20 Aug, 1950</u>, to <u>21 Aug, 1950</u>, that I last saw the deceased alive on <u>19</u>, 19<u>50</u>, and that death occurred at <u>4:30 p.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Samuel W. Gollub M.D.</u>		23b. ADDRESS <u>4500 Olive</u>	
23c. DATE SIGNED <u>8/21/50</u>			
24a. BIRTHAL X-RAYS NON-REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 21, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul's</u>	24d. LOCATION (City, town, or county) (State). <u>Collinsville, Ill.</u>
DATE REC'D BY LOCAL REG. <u>AUG 21 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sarator</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herbert P. Kessly Collinsville Ill.</u>	

712.18

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Not Embalmed

Signed _____

Atty John Zuposky

Licensed Embalmer No. *91371*

P. O. Address *Collinsville, Ill*

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.