

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32167
Registrar's No. 2380

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2380			
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. LENGTH OF STAY (In this place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		4820			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home #1				d. STREET ADDRESS (If rural, give location) 9042 Rosemary				0	
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) L		c. (Last) Ebbing		4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1950		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Dec 31, 1876		9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co		11. BIRTHPLACE (State or foreign country) Batesville, Indiana /			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unk			13b. MOTHER'S MAIDEN NAME Eden		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) no		16. SOCIAL SECURITY NO. 343-10-6857		17. INFORMANT'S SIGNATURE OR NAME Mrs Virginia Gravette				ADDRESS 9042 Rosemary	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u>				INTERVAL BETWEEN ONSET AND DEATH 1 day	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>				2 yrs	
				DUE TO (c) <u>Hypertension</u>				2 yrs	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in 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? 443X					
22. I hereby certify that I attended the deceased from 9/1, 1950, to 10/2, 1950, that I last saw the deceased alive on 10-1, 1950, and that death occurred at 5:45 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. H. Shickel</u>				23b. ADDRESS Kirkwood 22 Mo		23c. DATE SIGNED 10/4/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/5/50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo.				
DATE REC'D BY LOCAL REG. 10-4-50		REGISTRAR'S SIGNATURE <u>J. R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons		ADDRESS 7027 Gravois			

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

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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 _____

working under my personal supervision.

Student Embalmer No.....

Signed *W. G. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.