S. No. 300
V. 10.48

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17029

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY ~~St. Louis Co.~~, ~~Mo.~~ Jefferson; b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro, Missouri.; c. LENGTH OF STAY (in this place): One month; d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cedar Grove NursingHome.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Louis, Mo. b. COUNTY; c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2149 1; d. STREET ADDRESS (If rural, give location): 3615 Sulphur

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Mary c. (Last) Eberius.

4. DATE OF DEATH (Month) (Day) (Year): 5/31/51

5. SEX female 1

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2

8. DATE OF BIRTH July 11, 1886

9. AGE (In years last birthday) 64; IF UNDER 1 YEAR: Months 10, Days 20; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Spreckelmeyer

13b. MOTHER'S MAIDEN NAME Catherine Und.

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Richard Eberius. **ADDRESS** 3615 Sulphur

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease with myocardial insufficiency. — INTERVAL BETWEEN ONSET AND DEATH: 2 3 to 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension, arteriosclerosis — ?

DUE TO (c) Diabetes mellitus. — 10 years +

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis. — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 1260-X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1951, *to* May 31, 1951, *that I last saw the deceased alive on* May 26, 1951, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas A. Donnell (Degree or title) M.D.

23b. ADDRESS DeSoto Mo.

23c. DATE SIGNED 6-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 1

24b. DATE 6/2/51

24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery

24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 6-1-51

REGISTRAR'S SIGNATURE Kathleen Maradan 141

25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun. Director. **ADDRESS** 2849 N. Euclid St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 6-6-51

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 Robert L. Brunk

Signed.....
Student Embalmer

Licensed Embalmer No. 3553

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.