

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14225

10-48

BIRTH NO. 24233 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3067

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSP		d. STREET ADDRESS (If rural, give location) 15 4406 th Alaska rd	
3. NAME OF DECEASED (Type or Print) a. (First) MAY b. (Middle) c. (Last) EBERSOHL			4. DATE OF DEATH (Month) (Day) (Year) 4 - 1 52
5. SEX F	6. COLOR OR RACE W	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT II	8. DATE OF BIRTH 4/1/52
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME VERNON EBERHUBER		13b. MOTHER'S MAIDEN NAME MIRCE LILLIECH	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME VERNON EBERSOHL	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bilateral pulmonary atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. INTERVAL BETWEEN ONSET AND DEATH 3 min		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? 762.0	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE E.H. Bowdern M.D.		23b. ADDRESS 634 M. Grand	
23c. DATE SIGNED 4-5-52		24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	
24b. DATE 4/1/52		24c. NAME OF CEMETERY OR CREMATORY MO CREMATORY	
24d. LOCATION (City, town, or county) (State) ST LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE SCHUMACHER	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE APR 1 1952		ADDRESS 3013 MERAMEC	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No. *4746*

P. O. Address *St Louis Mo*

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.