

STANDARD CERTIFICATE OF DEATH

39850

State File No.

FILED DEC 8 1952

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 3058 Registrar's No. 246

923
0

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (If in this place) 3 wks		d. STREET ADDRESS (If rural, give location) 2600 Hodimont	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle)		c. (Last) Eberle		4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 2 1885		9. AGE (In years last birthday) 67 or UNDER 1 YEAR 6 or UNDER 2 HRS. 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY Police Dept.		11. BIRTHPLACE (State or foreign country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Hugo Eberle		13b. MOTHER'S MAIDEN NAME Mary Grady		14. NAME OF HUSBAND OR WIFE Caroline Eberle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm Eberle ADDRESS St Louis Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES		DUE TO (b) Cerebral arteriosclerosis		6+ yrs	
		DUE TO (c) Hypertensive disease		10+ 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 331X		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 26** 19 **52** to **Nov 30** 19 **52**, that I last saw the deceased alive on **Nov 27** 19 **52**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE G.J. Conroy (Degree or title) M.D.		23b. ADDRESS St. Charles, Mo		23c. DATE SIGNED 12-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 3 1952		24c. NAME OF CEMETERY OR CREMATORY St Peters Cemetery	
				24d. LOCATION (City, town, or county) (State) St Louis Co. Mo	

DATE REC'D BY LOCAL REG Dec 1 1952		REGISTRAR'S SIGNATURE Harold Hemmelt		25. FUNERAL DIRECTOR'S SIGNATURE Joseph Quinn ADDRESS Funeral Home, St. Louis, Mo.	
---	--	---	--	--	--

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

Signed

Flarence M. Bills

Licensed Embalmer No. *4375*

P. O. Address *St. Charles, 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.