

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40149

State File No.

FILED DEC 2 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10309

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10309	
1. PLACE OF DEATH a. COUNTY				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 St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4933 Chippewa St.				d. STREET ADDRESS (If rural, give location) 14 4933 Chippewa St. 0			
3. NAME OF DECEASED (Type or Print) MATTIE		a. (First) L.		b. (Middle) EBERLE		c. (Last)	
4. DATE OF DEATH		Nov. 7 1952		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 18, 1897		9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Wisconsin		12. CITIZEN OF WHAT COUNTRY			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Wisconsin			
13a. FATHER'S NAME Henry Wandre		13b. MOTHER'S MAIDEN NAME Jane Laubee		14. NAME OF HUSBAND OR WIFE Fred C. Eberle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred C. Eberle 4933 Chippewa St.			
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) VALVULAR HEART DISEASE WITH CONGESTIVE FAILURE		INTERVAL BETWEEN ONSET AND DEATH 4 YRS.		DUE TO (b) AORTITIS			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION		DUE TO (c)		UNK.			
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. HOW DID INJURY OCCUR? 023X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from DEC 19, 1946, to NOV 7, 1952, that I last saw the deceased alive on NOV 5, 1952, and that death occurred at 9:45 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Henry Eberle (Degree or title) M.D.		23b. ADDRESS 517 Olive St.		23c. DATE SIGNED 8 Nov 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE 11-8-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Chicago, Ill.	
DATE REC'D BY LOCAL REG. NOV 10 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl			

(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 embalmed by me, or by.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed William B. White.....

Licensed Embalmer No. 4291.....

P. O. Address 4228 1/2 Kingshighway.....

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.