

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**44121**

State File No. \_\_\_\_\_

**FILED DEC 30 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3203

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St. Louis</u>	b. STATE <u>Mo.</u>	b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Manchester</u>	c. LENGTH OF STAY (in this place) <u>21 yrs</u>	c. CITY OR TOWN <u>Manchester</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #50</u>	d. STREET ADDRESS (If rural, give location) <u>Highway #50</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>William</u>	b. (Middle)	c. (Last) <u>Eberwein</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 14 1952</u>
--------------------------------------------	---------------------------	-------------	---------------------------	------------------------------------------------------------------

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 1, 1875</u>	<b>9. AGE</b> (In years last birthday) <u>77</u>	<b>10. UNDER 1 YEAR</b> (Months) (Days)	<b>11. UNDER 1 HR.</b> (Hours) (Min.)
---------------------------	--------------------------------------	------------------------------------------------------------------------------	---------------------------------------------	--------------------------------------------------	-----------------------------------------	---------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own farm</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis County, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------

<b>13a. FATHER'S NAME</b> <u>Henry Eberwein</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Wilhelmina Schwenck</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Katharina Eberwein</u>
-------------------------------------------------	-------------------------------------------------------------	--------------------------------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Katharina Eberwein</u>	<b>18. ADDRESS</b> <u>Manchester Mo.</u>
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 weeks</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial Failure</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Diabetes Mellitus</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	-----------------------------------------	--------------------------------------------------------------------------------------------

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
-------------------------------------------------	-------------------------------------------------------------------------------------------------	--------------------------------------------------------

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	-----------------------------------

**22. I hereby certify that I attended the deceased from March 31, 1951, to December 14, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 7:45A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Henry F. Scott M.D.</u>	<b>23b. ADDRESS</b> <u>Ballwin Mo</u>	<b>23c. DATE SIGNED</b> <u>Dec 15-52</u>
--------------------------------------------------------------------	---------------------------------------	------------------------------------------

<b>24b. DATE</b> <u>Dec. 16, 52</u>	<b>24c. NAME OF CEMETERY OR CREMATION</b> <u>St. John's Lutheran</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ellisville Mo.</u>
-------------------------------------	----------------------------------------------------------------------	----------------------------------------------------------------------------

<b>DATE REC'D BY LOCAL REG.</b> <u>12-16-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Danks M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Schrader Funeral Home</u>	<b>ADDRESS</b> <u>Ballwin, Mo.</u>
-------------------------------------------------	-----------------------------------------------------------	----------------------------------------------------------------------	------------------------------------

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

No. 500  
10-58

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 \_\_\_\_\_

*Richard Bopp*

Licensed Embalmer No. \_\_\_\_\_

*4584*

P. O. Address \_\_\_\_\_

*Ballwin, 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.