No. 300
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FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23578

State File No.

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 570

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Troy Beltrendings
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Lincoln
c. CITY OR TOWN Rural Troy
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0570

3. NAME OF DECEASED (Type or Print)
a. (First) Emile
b. (Middle) (X)
c. (Last) Eberhardt

4. DATE OF DEATH (Month) (Day) (Year) July 14 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 21 1880
9. AGE (In years last birthday) 74 — If under 1 year: Months 4 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Retired Government Employee
10b. KIND OF BUSINESS OR INDUSTRY Post Office
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Emil Eberhardt
13b. MOTHER'S MAIDEN NAME Louise Moeller
14. NAME OF HUSBAND OR WIFE Emilie Eberhardt

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.
17. INFORMANT'S SIGNATURE OR NAME Mrs Emilie Eberhardt
ADDRESS Troy 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Myocardial insufficiency
DUE TO (b) (2) Uremia
DUE TO (c)

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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* 12/10, 1953, *to* July 14, 1954, *that I last saw the deceased alive on* July 14 1954, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. C. Cusick MD
23b. ADDRESS Troy Mo
23c. DATE SIGNED July 16 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremated
24b. DATE July 17 54
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
24d. LOCATION (City, town, or county) St Louis Mo (State)

DATE REC'D BY LOCAL REG. July 16 1954
REGISTRAR'S SIGNATURE Emma B. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE MATH HERMANN & SON, INC.
ADDRESS 2161 E. FAIR AVE

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 195

APR 12 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen W. H

Licensed Embalmer No. 373

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.