

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31754**
Registrar's No. **8051**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8051**

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 OR TOWN ST LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION. ST. LOUIS CITY HOSPITAL #1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 26 3932nd N. 19th ST			
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) c. (Last) EBERLEY		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 30, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH JAN 25-1881
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SEAMSTRESS ANGELICA JACKETE	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS Mo
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME MICHEL PETERS		13b. MOTHER'S MAIDEN NAME HELEN BEYER	
14. NAME OF HUSBAND OR WIFE CHARLES EBERLEY DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-07-5665	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS DOROTHY WALKER 701 WINSTON DR ELMONTE CAL	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Thrombosis of branch of middle cerebral artery right ANTECEDENT CAUSES Hypertension cardiovascular disease Morbidity 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.	
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. 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? 443X	
22. I hereby certify that I attended the deceased from 8-12-54 , 19___, to 8-30-54 , 19___, that I last saw the deceased alive on 8-30-54 , 19___, and that death occurred at 9:15 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 8-30-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-1-54	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM	24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY Mo
DATE REC'D BY LOCAL REG. AUG 31 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEBMEYER & SONS 3934 No. 20th ST	

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Neville B Frohwitter*.....

Licensed Embalmer No. *369*.....

P. O. Address *3934 N 20*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.