

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1955

State File No. 13278

318

1003

Registrar's No. 3067

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>	c. CITY OR TOWN <b>De Soto</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri-Baptist</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>812 1/2 8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) <b>C.</b> c. (Last) <b>Ebersohl</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 2, 1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 25, 1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mailcarrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>postoffice</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Millstadt, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Jacob Ebersohl</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Snider</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Ebersohl</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ethel Ebersohl DeSoto, Ill.</b>	

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) <b>Pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>intestinal obstruction</b>		<b>6 days</b>	
		DUE TO (c) <b>Carcinoma urinary bladder</b>		<b>2 years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>22 Mar 55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Advanced carcinoma urinary bladder</b>		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? <b>181X</b>	

22. I hereby certify that I attended the deceased from **6 Dec**, 19**54**, to **1 Apr**, 19**55**, that I last saw the deceased alive on **1 Apr**, 19**55**, and that death occurred at **4 A.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>958 Wade Bldg. St. Louis, Mo.</b>	
23c. DATE SIGNED <b>4 Apr 55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 5, 1955</b>	
		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Murphysboro, Ill.</b>	

DATE REC'D BY LOCAL REG. <b>APR 6 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Joe F. Van Meter Carbondale, Ill.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Joe F. Van Natta ~~Student Embalmer~~ No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe F. Van Natta \_\_\_\_\_

Licensed Embalmer No. 2897

P. O. Address Carbondale,

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.