

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17323

State File No.

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>1204</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ballwin</u>) | | c. LENGTH OF STAY (in this place) <u>7 mos</u> | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>5082 Queens Avenue</u> <u>2091</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> | | b. (Middle) <u>Catherine</u> | | c. (Last) <u>Ebmeier</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1955</u> | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>August 10 1886</u> | |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 6 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired seamstress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Surgical garments</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Peter Ebmeier</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Niemeyer</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>488-10-2643A</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred W. Ebmeier, #6 Benbury Lane</u> | | | |
| 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. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____ 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 | | | | 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) <u>4221</u> | | 21d. (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? | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov 15</u> , 19 <u>55</u> , to <u>May 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>55</u> , and that death occurred at <u>2:35 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. H. Hansen M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>915 Newport Webster Bldg</u> | | 23c. DATE SIGNED <u>5/27/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 28, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>5/27/55</u> | | REGISTRAR'S SIGNATURE <u>Norbert R. Dombke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H.Inc., 1936 St. Louis Av</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. W. Jansen,
932 Newport Av.,
Webster Groves, Mo.
4:30 PM Friday

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. None working under my personal supervision..

Student None _____
Signature of Student Embalmer

Signed Delis J. Kispin _____

Licensed Embalmer No. 34

P. O. Address St. Louis

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.