

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10654

State File No.

2491

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

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. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.			e. STREET ADDRESS (If rural, give location) 14 4933 Chippewa St. 21490		
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) C.	c. (Last) EBERLE	4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 18, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days
IF UNDER 14 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Passenger		10b. KIND OF BUSINESS OR INDUSTRY Mgr.-Holland Amer. Line	11. BIRTHPLACE Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Georg Eberle		13b. MOTHER'S MAIDEN NAME Maria M. (Unknown)	14. NAME OF HUSBAND OR WIFE Late Mattie L. Eberle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes World War I		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carol Trollope 1012 Grovena-Crestwood		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration		INTERVAL BETWEEN ONSET AND DEATH 11 Months
ANTECEDENT CAUSES			DUE TO (b) Inanition		11 Months
DUE TO (c) Severe Depression					11 Months
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"/>
20a. ACCIDENT OR MODE OF DEATH HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 42202		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) 5:45	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 Jan. 30, 1956 , to Mar. 9, 1956 , that I last saw the deceased alive on Mar. 9, 1956 , and that death occurred at 5:45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE C. F. Sassini m.d.			23b. ADDRESS 518 Frisco Building		23c. DATE SIGNED 3/9/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	24b. DATE 3-9-56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Chicago, Ill.		
DATE REC'D BY LOCAL REG. MAR 9 1956	REGISTRAR'S SIGNATURE Carl Smith m.d.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Stover*

Licensed Embalmer No. *4*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.