Health, Welfare & Public Service

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1-56

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32615

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY [redacted] St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN [redacted] Kirkwood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION [redacted] St. Joseph's Hosp. — Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN High Ridge — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Route No. 1. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: THOMAS Middle: ANTHONY Last: EBERHARDT
4. DATE OF DEATH Month Day Year: September 29, 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 6, 1948
9. AGE (In years last birthday): 8 — IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Elementary School
11. BIRTHPLACE (City and state or country): Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Arthur C. Eberhardt
14. MOTHER'S MAIDEN NAME: Wanda J. Killian
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.: None
17. INFORMANT Address: Arthur C. Eberhardt Rt. No.1. High Ridge, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxia secondary to drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) E-9298
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Drowned while standing on a log which was floating in a pond on a farm near his home when the one end of the log tipped and he fell in the water
20c. TIME OF INJURY Hour Month, Day, Year: 3:00 p.m. 9/29/56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): pond on farm property
20f. CITY, TOWN, OR LOCATION: High Ridge COUNTY: Jefferson STATE: Mo.
21. I attended the deceased from ____ to ____ and last saw her/him alive on ____. Death occurred at three thirty p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Arnold J. Willmann, Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 10/2/56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-3-56
23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: Beiderwieden F. H. 1936 St. Louis Ave.
25. DATE RECD. BY LOCAL REG.: 10-1-56
26. REGISTRAR'S SIGNATURE: Herbert R. Hamke, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.