

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14649  
STATE FILE NUMBER  
3312  
Registrar's No.

FILED APR 26 1957

318

1003

Registration District No. Primary Registration District No.

Registrar's No. 3312

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Williamson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Johnston City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
35 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Veterans Adm. Hospital</b>		Length of stay in 1b	d. STREET ADDRESS <b>603 W. 8th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Lee Edgar Eberhardt</b>			4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 24, 1933</b>		9. AGE (In years last birthday) <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Upholsterer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>		11. BIRTHPLACE (City and state or country) <b>Johnston City, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>John Eberhardt</b>			14. MOTHER'S MAIDEN NAME <b>Hallie Holland</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean</b>		16. SOCIAL SECURITY NO. <b>311-26-9730</b>		17. INFORMANT Address <b>Hallie Eberhardt, Johnston City, Ill.</b>	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traum Injury</b>					INTERVAL BETWEEN ONSET AND DEATH
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) <b>Suffered in auto accident</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>Verdict <input type="checkbox"/> SRTP</b>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, if applicable) <b>Motor car City of Johnston, Mo. on March 26, 1957. Exact time, cause and manner of same could not be determined.</b>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <b>3 26 57</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>E 825.4</b>	
20f. CITY, TOWN, OR LOCATION <b>33</b>		COUNTY <b>812</b>		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>200 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Patrick Taylor Coroner</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>4-4-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-4-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hook Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Johnston City, Ill.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			25. DATE RECD. BY LOCAL REG. <b>APR 5 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>

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All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

x Johnston City x St. Louis  
 x 503 W. 2nd St. Veterans Administration Hospital  
 APR 13 1957  
 U.S. Johnston City, Ill. Automobile  
 Halle Hoffman John Eberhardt  
 Halle Eberhardt, Johnston City, Ill. Korean

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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. Low*

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

1-1-57

Reverse

Albert I. Taylor, 1700 Washington Blvd.