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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35-002898

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 298

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6928 Fyler		d. STREET ADDRESS (If outside, give location) 6928 Fyler	
3. NAME OF DECEASED (Type or print) First Middle Last George Louis Eberhardt		4. DATE OF DEATH Month Day Year January 9, 1959	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 28, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sup't. Printing Dep't.		10b. KIND OF BUSINESS OR INDUSTRY S. G. Adams Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Emile Eberhardt		13b. MOTHER'S MAIDEN NAME Louise Miller	14. NAME OF HUSBAND OR WIFE Emma (Nagel) Eberhardt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-01-6930	17. INFORMANT Earl Eberhardt, 7852 Alicia Ave. St. Louis
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured abdominal aortic aneurysm</u> <u>arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>451+</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH: <u>3 minutes</u> <u>3yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>April 14, 1955</u> to <u>Jan 9, 1959</u> and last saw her alive on <u>Jan 9, 1959</u> Death occurred at <u>4:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John G. Matthews M.D.</u> <u>John G. Matthews M.D.</u>		22b. ADDRESS <u>3707 Watson</u> <u>3707 Watson Rd</u>	22c. DATE SIGNED <u>1-10-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>HOPPEMEYER COLONIAL MORTUARY</u> <u>6464 CHIPPEWA STREET, ST. LOUIS (9)</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 10 59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u> <u>MSB</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Levin C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Road*

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.