

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043127

Registration District NOV-30/1961 Primary Registration District No. 547 Registrar's No. 3263 STATE FILE NUMBER

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> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in 1b Days	c. CITY OR TOWN <u>Brentwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1617 Kenilworth</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>Edward</u> Last <u>Ebert</u>			4. DATE OF DEATH Month <u>November</u> Day <u>17</u> Year <u>1961</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-30-1901</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---------------------------	------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanical Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanical Engineer</u>	11. BIRTHPLACE (City and state or country) <u>Iowa City, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Edward V. Ebert</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Strub</u>	14. NAME OF HUSBAND OR WIFE <u>Beryl C. Ebert</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	17. INFORMANT <u>Beryl C. Ebert, 1617 Kenilworth</u>
---	---

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>Cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease with congestive failure</u> DUE TO (c) <u>Arteriosclerosis general</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 months</u> <u>2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchial asthma, chronic 17 yrs.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m.	Month, Day, Year
---	------------------

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	------------------------------	--------	-------

21. I attended the deceased from April 5, 1947 to Nov. 17, 1961 and last saw him alive on Nov. 17, 1961  
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ch. Bockelman M.D.</u>	22b. ADDRESS <u>2615 Brentwood Blvd.</u>	22c. DATE SIGNED <u>11/18/61</u>
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-20-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ressurrection Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>
--	--------------------------------	---	---

24. FUNERAL DIRECTOR <u>C. R. Lupton &amp; Sons, St. Louis, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-61</u>	26. REGISTRAR'S SIGNATURE <u>J. M. Mumfley M.D.</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Clarence A. Murr

Licensed Embalmer No. 4011

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.