MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25263

Township ..... Primary Registration District No. 1003 Registered No. 7063

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME Peter Ebner

(a) Residence. No. 1836 So 10th St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Ebner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 5-1885

7. AGE 42 YEARS 7 MONTHS 0 DAYS If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hungary
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Ebner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hungary
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Susan Reiter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hungary
(STATE OR COUNTRY)

14. INFORMANT Anna Ebner
(Address) 1836 So 10th St

15. FILED 11-6 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5th 1928

17. I HEREBY CERTIFY That I attended deceased from March 1st, 1926, to July 5th, 1928, that I last saw him alive on July 5th, 1928, and that death occurred, on the date stated above, at 8.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

non Tubercular (duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis +

Myocardial Degeneration (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) Walter E. Frank, M. D
7-6, 1928 (Address) 1405 S. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter and Paul — DATE OF BURIAL July 7 1928

20. UNDERTAKER Frendes Ubo — ADDRESS 1718 So 9th

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.