

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

Do not use this space.

31734

1. PLACE OF DEATH

County..... Registration District No. 707
 Township..... Primary Registration District No. 2000
 City St. Louis (No. 3848 Shaw av)
 Registered No. 8977 St. _____ Ward _____

2. FULL NAME

David W Ebersole
 (a) Residence. No. 3848 Shaw av St., 17 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thirza Ebersole
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30-1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 1 | 8 | 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Board of Education
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Penn-

PARENTS

10. NAME OF FATHER Hy Ebersole
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn
 12. MAIDEN NAME OF MOTHER Amelia Pontier
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

14. INFORMANT Mrs. W. Wallace

(Address) 3848 Shaw av

15. FILED SEP -6 1928 May E. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1928

17. I HEREBY CERTIFY That I attended deceased from 2-2 1928, to Sept 6-7 1928, that I last saw h. wa. alive on Sept 5-7 1928, and that death occurred, on the date stated above, at 3:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
 (duration) 8 yrs. 8 mos. - da.
 CONTRIBUTORY Chronic Arterial Sclerosis
 (SECONDARY) (duration) 2 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF none
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Blood Pressure - Heart Exam.
 (Signed) Scott Hauer M. D.

Sept 6, 1928 (Address) Smith 1106 Mo. Bldg. St. Louis
 *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

DATE OF BURIAL

Fulton Mo Sept 8 1928

20. UNDERTAKER

ADDRESS

Robert Henderson S. Grand Blvd 2217

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

