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

Do not use this space. 32848

1928

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.

1. PLACE OF DEATH

County Buchanan. Registration District No. 825 File No.

Township. Primary Registration District No. Registered No. 1271

City St. Joseph, Mo. (No. St. Ward)

2. FULL NAME Charles S. Ebert.

(a) Residence. No. 402 So. IIth. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 0 yrs. mos. ds. How long in U.S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genevieve Eber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9, 1863.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	I	I7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Journeyman Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Patt Bros.

9. BIRTHPLACE (CITY OR TOWN) Bavaria
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Genevieve Ebert
(Address) 402 So. II Street.

15. FILED OCT 26 1928, 19 John G. Koch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 — 1928, to Oct. 26 1928, that I last saw him alive on Oct 26 — 1928, and that death occurred, on the date stated above, at 1:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia
Sec 22A
Sec 3b
(duration) yrs. 3 mos. — ds.

CONTRIBUTORY Abscess of Left Lung
(SECONDARY) Tuberculosis (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Micro Scopical Exam

(Signed) Wm M. Campbell, M. D

Oct. 26, 1928 (Address) Ballinger Bldg.

*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 Mt. Olivet Cemetery

DATE OF BURIAL Oct. 29 1928

20. UNDERTAKER H. O. Siderfaden

ADDRESS 1802 Union St.