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.

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

Do not use this space.

19645

File No. 5619

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4216a Margaretta ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Carrie Eberhardt.

(a) Residence. No. 4216a Margaretta ave St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emile Eberhardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1 1879.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51.	9	13	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Valentine Glas.

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

12. MAIDEN NAME OF MOTHER Dora Liebrum.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Emile Eberhardt
(Address) 4216 Margaretta ave

15. FILED 25 1931 Geo C Tarlery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 — 14 — 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930 to May 14, 1931 that I last saw her alive on 5-12, 1931 and that death occurred, on the date stated above, at 4:20 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Sigmoid Colon.
4:20
1:00
1:00
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-20-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo A Mellies M. D.
5-14, 1931 (Address) 2743 N. Grand.

*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 Zion Cemetery.

DATE OF BURIAL May 16 1931

20. UNDERTAKER Wm M Emmanuel

ADDRESS 4834 Natl Bridge