

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

Do not use this space.

3517

1. PLACE OF DEATH

County Registration District No. 581
 Township St. Louis Mo. Primary Registration District No. 1000
 City St. Louis Mo. (No. Sanitarium)

File No.
 Registered No. 451
 St. Ward)

2. FULL NAME

Louis Eberhardt
 (a) Residence, No. 1515 Mallinckrodt St., 13 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 26 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 Mary Eberhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	41	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burgentann, Austria

13. NAME Steven Eberhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Edmund Schmissinger
 (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 14, 1933

19. UNDERTAKER Edward Kashy
 (ADDRESS) 3514 N. 14th St.

20. FILED Jan 13 1933 W. H. Starckoff
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Jan 11, 1933

I last saw him alive on Jan 11, 1933. Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

3 General Paralysis Date of onset 7/18/29
of Insane (Syphilitic)
8.3

Other contributory causes of importance: Broncho Pneumonia 1/9/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify yes
 (Signed) Edmund Schmissinger, M. D.
 (Address) 5400 Arsenal

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.

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