

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

Do not use this space.

41318

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
Township Central Primary Registration District No. 6033E  
City Laurel Village (No. # 4 Burroughs Lane) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 206  
\_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Katharine Eble

(a) Residence, No. Oliver St. Bldg Lindbergh Blvd 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>Late John Eble Sr.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 12 1854</u>		
7. AGE	YEARS	MONTHS
<u>79</u>	<u>11</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>John G. Reiber</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elizabeth Bakes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Mary Schomborfer #4 Burroughs Lane</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Coalg</u> DATE <u>12-22-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Louis W. Bopp Wickwood</u>		
20. FILED <u>12/20</u> 19 <u>33</u> <u>Robt J. Lambuth</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to December 20, 1933

I last saw him alive on December 20, 1933. Death is said to have occurred on the date stated above, at 6:30 A. M.

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

Diabetes Mellitus Date of onset 1928

59  
48 B  
59  
Other contributory causes of importance  
Baanguene of both feet Dec 15/33

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical. 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? No  
If so, specify \_\_\_\_\_

(Signed) Alfred M. Langenbach, M. D.  
(Address) 5427 Southwest Ave.

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934  
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