

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital #1**)

File No. **10408**
Registered No. **2206**
St. Ward)

2. FULL NAME

(a) Residence, No. **527 Fillmore** St., **1** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **39** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **single**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 16, 1893**
7. AGE - YEARS **40** MONTHS **3** DAYS **16** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **woodworker**
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) **July 1933** 11. Total time (years) spent in this occupation. **18 yrs.**

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

13. NAME **Theodore Eberley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known Germany**

15. MAIDEN NAME **Helen Beschetboll**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known Germany**

17. INFORMANT (ADDRESS) **Charles E. Eberley 3932 N. 19 St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jefferson Barracks** DATE **March 5, 1934**

19. UNDERTAKER (ADDRESS) **Suedmeyer & Sons 3934 N. 20th St.**

20. FILED **1004** 19 **34** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 2, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **8:45 a.m.**

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

Fracture of skull following fall down steps at 1.49. 18th St.

Other contributory causes of importance:

1865 1940 Accidents 1862

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **3/1, 1934**

Where did injury occur? **St. Louis Mo.** (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public Place**

Nature of injury **Fracture of skull**

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

If so, specify **Fracture of skull**

(Signed) **J. Brebeck** (Address) **St. Louis Mo.**

2/3/34 **Deputy Coroner**

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 PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

MAR 25 1934 0,014

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