

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.

MAY 25 1934

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4300a Virginia Ave.**) St. **15** Ward **3**

File No. **14313**
Registered No. **3484**

2. FULL NAME

Frances Eberle
(a) Residence, No. **4300a Virginia Ave.** St. **15** Ward **3**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Chas. A. Eberle**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 12, 1858.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 26

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

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) **St. Louis, Mo.**

13. NAME **Henry Bulte.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

15. MAIDEN NAME **Mary Weber.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT **A. G. Eberle**
(ADDRESS) **1425 McCloud Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Apr. 10, 1934.**

19. UNDERTAKER **J. N. Gebken & Co.**
(ADDRESS) **2842 Meramec St.**

20. FILED **J. Brebeck**
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 5, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 28** to **Apr 5**, 19**34**

I last saw **her** alive on **Apr 5**, 19**34** Death is said

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

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

Artero-sclerosis 131 97 10 yrs
Hypertension 107
Chronic Nephro-sclerosis

Other contributory causes of importance:

Name of operation **131** Date of

What test confirmed diagnosis **Phys Exam** Was there an autopsy?

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) **Rafucella** M. D.

(Address) **415 Beaumont Bldg**

