

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

36311  
 Do not use this space.

**NOV 15 1937**

**1. PLACE OF DEATH**

(a) County..... Registration District No. 2 791  
 (b) Township..... Primary Registration District No. 1002  
 (c) City St. Louis (d) Street No. 2209 Hebert St. Registered No. 9888  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Conrad Ebinger  
 (a) Residence, No. 2209 Hebert St. St. 20 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 8 28  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hostler  
 9. Industry or business in which work was done, as 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) Switzerland

FATHER 13. NAME Conrad Ebinger

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Roosina Bergarmeger

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. Chas. Ebinger  
 (ADDRESS) 4002 Palm St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE Oct. 26, 1937

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co.  
 (ADDRESS) 3840 Lindell Bl. vd.

20. FILED OCT 25 1937 J. T. Bredeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937 to Oct. 24, 1937  
 I last saw him alive on Oct. 23, 1937 Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset  
Arteriosclerosis  
Paralysis  
digitalis

Other contributory causes of importance:

Name of operation None Date of.....  
 What test confirmed diagnosis? Clinical 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) Anthony A. Piekarski M. D.  
 (Address) 1525 a Cass 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.

WHITE-CORNETT WITH UNFADING INK—THIS IS A PERMANENT RECORD

577  
 26  
 31  
 31

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed Alfred F. Boedeker  
Licensed Embalmer No. 2663

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**