

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnard Free Skin and Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Chester 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 High Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 1:15A.M. minute _____ M.
21. I hereby certify that I attended the deceased from June 8, 1940
_____ 19 _____ to June 10, 1940 19 _____
that I last saw him alive on June 9, 1940 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death Haemorrhage from esophageal varix

3. (a) PRINT FULL NAME Ebers, Albert 162

3. (b) If veteran (320-18-9283) name war No S 3. (c) Social Security No. Not known

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Ebers 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 19, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 0 21 hr. min.

9. Birthplace Steelville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Ebers

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Sonnenberg

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Ebers Home
(b) Address Chester, Illinois

17. (a) Buried (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chester Ill

18. (a) Signature of funeral director Walter James Home

(b) Address Chester Ill

19. (a) JUN 10 1940 (b) _____
(Date received local registrar)

Due to Cirrhosis of the Liver, Portal

Due to _____

Other conditions Ascites
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Cirrhosis of the Liver, Portal Esophageal varices, Ascites

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter J. Smith (M. D. or other)
Address 3427 Washington Ave. St. Louis, Missouri Date signed 6/10/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed: Seward F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.