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23159

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

Registration District No. 791 Primary Registration District No. Registrar's No. 3125

1. PLACE OF DEATH:  
(a) County St..Louis Mo.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. ANTHONY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 Weeks.  
In this community. 35 Years in St. Louis.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS. 1724  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3002 MISSOURI AVE.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 35 Years. in St. Louis years.

3. (a) PRINT FULL NAME ANNA EBNER

3. (b) If veteran, name war. 3. (c) Social Security No. 497-10-0805

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

6. (b) Name of husband or wife Nick Ebner 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb 25. 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Seemstres

11. Industry or business

12. Name Joseph Egler

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

14. Maiden name Anna Plesz

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

16. (a) Informant Nick Ebner

(b) Address 3002 Missouri Ave.

17. (a) Burial (b) Date thereof April 11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Paul

18. (a) Signature of funeral director Thorkutis & Son

(b) Address 2906 Gravois Ave.

19. (a) April 10-1941 (b) J. H. Brudich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1941 hour 8: minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 24 1941 to April 8 1941; that I last saw her alive on April 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute generalized Broncho pneumonia (post-operative)

Due to partial gastrectomy (Polya) for Gastric ulcer & Carcinomatous changes

Due to changes Primary site Stomach  
Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations: Large gastric ulcer & Carcinomatous changes. Of autopsy

Duration 4-6-41  
PHYSICIAN Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(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 J. H. Brudich (M. D. or other) Address 1040 Summit Date signed 4/8/41

**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.....

Leo Budd....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leo Budd  
Licensed Embalmer No. 3989  
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, fact should be so stated above.**