No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26900

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6692

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2816 EADS AV. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL")

(d) Street No. 2816 EADS AV. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME FRANK EBENRECK.

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMILIE EBENRECK

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JULY (Month) 10 (Day) 1874 (Year)

8. AGE: Years 67 Months 1 Days 4 If less than one day ... hr. ... min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI D (State or foreign country)

10. Usual occupation PLUMBER.

11. Industry or business RETIRED

FATHER
12. Name FERDINAND EBENRECK.
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name GENEVIEVE HAEMMELE
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Emile Ebenreck

(b) Address 2816 Eads av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 18 1941 (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS. PETER + PAULS.

18. (a) Signature of funeral director E. J. Schnurr.

(b) Address 3125 Lafayette av.

19. (a) AUG 18 1941 (Date received local registrar) (b) J. F. Fredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14 year 1941 hour 9 minute 45 p.M.

21. I hereby certify that I attended the deceased from Aug 7, 1935, to Aug 14, 1941; that I last saw him alive on Aug 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Hypertension & Chronic arthritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. C. Hirschmann (M. D. or other)

Address 5300 S. Broadway Date signed 8/15/41

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette A

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

If this body is not embalmed, fact should be so stated above.