

FILED MAR 17 1942

1003

Registrar's No. 1134

Registration District No. 1

Primary Registration District No.

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:
3225 Portis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Unknown
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Portis Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 th.
year 1942 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Feb 4 1942
that I last saw him alive on Jan 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary Artery Disease
myocarditis, etc.

Duration

Two Hours

2 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature Richard M. Smith (M. D. or other)
Address 4145 S. Grand Date signed 2/14/42

3. (a) PRINT FULL NAME William A Ebel

3. (b) If veteran, name war No 3. (c) Social Security No 489-07-1384

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 22 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 13
hr. min.

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

10. Usual occupation Brewery
Griesedach Brew Co.

11. Industry or business

12. Name Fred Ebel

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

14. Maiden name Unknown

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

16. (a) Informant Anna Ebel

(b) Address 3225 Portis Ave.

17. (a) Burial (b) Date thereof 2/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Aden Schmidt and Co.

(b) Address 3634 Gravois Ave.

19. (a) FEB 5 4 10 1942 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *Frank J. Ryland*
Licensed Embalmer No. *2645*
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.