V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12565

State File No. 4161

FILED MAY 19 1942

Registration District No. 91

Primary Registration District No. 1003

Registrar's 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: BARNES 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City N.R. 3 (If outside city or town limits, write "RURAL")

(d) Street No. # 501 West Point, (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Mildred Eberly

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Horrace D. Eberly

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. 18 (Month) 1887 (Day) (Year)

8. AGE: Years 54 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Atchison, (City, town, or county) / Kansas (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Hull.
13. Birthplace Oscaloosa, (City, town, or county) / Iowa (State or foreign country)

MOTHER
14. Maiden name Louise Boyd.
15. Birthplace Topeka, (City, town, or county) / Kansas (State or foreign country)

16. (a) Informant Mr. Horrace D. Eberly

(b) Address 501 West Point,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) MAY 11 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2-3-42, 19, to 5-10, 1942 that I last saw her alive on May 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the sigmoid c̄ metastasis to the

Due to liver & adrenals. Had resection of

Due to tumor 1 yr. ago. l

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations H6 c

Of autopsy as above

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 D

23. Signature Robert E. Koch (M. D. or other)

Address BARNES HOSPITAL Date signed

844

(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 Clarence H. Murray

Licensed Embalmer No. 4011

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.