V. S. No. 2
50M—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

FILED APR 27 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 10

State File No. 12566

Registrar's No. 3448

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: 4644 Alaska
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 15 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4644 Alaska 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Rudolph Ebersohl

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Ebersohl

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

7. Birth date of deceased Sept. (Month) 21 (Day) 1850 (Year)

8. AGE: Years 91 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation Watchman

11. Industry or business Hager Hinge Co.

FATHER
12. Name Carl Ebersohl
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Bertha Ebersohl
(b) Address 4644 Alaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) APR 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1942 hour 9.30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1939 April 15, 1942 to April 15, 1942 that I last saw him alive on April 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS — Duration 2 years
Due to
Due to
Other conditions General Dropsy
(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? (Specify type of place)
While at work? (e) Means of injury 6

23. Signature Paul P. Konzelman (M. D. or other) M.D.
Address 3608 Bates Date signed 4/16/42

844 (Licensed Embalmer's Statement on Reverse Side)

3608 Bates

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 Clarence Koehow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Koehow

Licensed Embalmer No. 3093

P. O. Address 3013 Mesamee

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.