. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 773

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15393

Primary Registration District No. 6018 A

Registrar's No. 37

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

94
0
0

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town St. Francois (Rural) T. W.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital #4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs. 4 mos. 5 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town City Sanitarium 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FRED EBERWEIN

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant State Hospital #4 Records
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. JohN's Cemetery Bellefontaine, Mo.

18. (a) Signature of funeral director Schrader's
(b) Address Baldwin, Missouri

19. (a) 4-13-42 (Date received local registrar) (b) Byrdie S. Ruhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 42 hour 3 minute 55 a M.

21. I hereby certify that I attended the deceased from 12-6-32
, 19 , to 4-11-, 1942
that I last saw him alive on 4-10-42, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy with psychosis with marked mental (28-29 yrs)

Due to deterioration - (Etiology unknown)

Due to moderate Generalized arteriosclerosis -

Other conditions Hypertensive heart disease (Etiology unknown) (3+ yrs)
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (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 G. TIVIS GRAVES, JR. (M. D. or other) M. D.
Address FARMINGTON, MO. Date signed 4/12/42

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 542-573
Date Filed 5-12-42

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 me

, Registered Apprentice No. ,

working under my personal supervision.

Signed John A Neidert

Licensed Embalmer No. 2238

P. O. Address Farmington

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.