

Registration District No. _____

Primary Registration District No. 1003

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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:
4451 Gravois
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4451 Gravois
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

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3. (a) PRINT FULL NAME Mathilda Ebenhoh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis F. Ebenhoh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 21, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred Zimmer

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Freier

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis F. Ebenhoh

(b) Address 4451 Gravois

17. (a) cremation (b) Date thereof 6/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director John Ziegler

(b) Address 4027 Gravois

19. (a) JUN 3 1942 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 5 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Sept 14, 1940, to May 31, 1942, that I last saw her alive on May 30, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary apoplexy

Due to: Chronic Myocarditis

Due to: Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) None

Duration

1 hour

24 years

Indefinite

none

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 W. A. Grier (M. D. or _____) Address 1544 So. Broadway Date signed 6/1-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Grandis*

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.