

FILED OCT 14 1942

Registration District No. 316

Primary Registration District No. 6070

Registrar's No. 6

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Rural Rte. 1, Adams  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Knob Dick R#1  
(d) Street No. Knob Dick R#1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME CHARLES EBRECHT

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma P. Ebrecht 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Sept. 20 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 9 If less than one day  
hr. .... min.

9. Birthplace St. Francois Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER  
12. Name Chas. Ebrecht  
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Glenn P. Ebrecht  
(b) Address Granite City, Ill  
17. (a) Burial (b) Date thereof 10-2-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation T. & R. Cemetery

18. (a) Signature of funeral director Edgar Funeral Home  
(b) Address Washington, Mo  
19. (a) Sept. 30, 1942 (b) Byrdie Bukhromester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1942 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 19, 1942  
Sept 29 1942, to..... 19.....  
that I last saw him alive on 9-19- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and General Arteriosclerosis  
Duration

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death) 93d

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 P. Appleberry (M. D. or other) O.M.D  
Address Farmington, Missouri Date signed 9-30-42

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

RECEIVED

District Health Officer No. 4  
District File Number 1042-121  
Date Filed 10-13-42

*Handwritten notes:*  
100771  
Kerron  
P. 8. 08  
State  
of  
Illinois  
P. O. Address  
Farmington, Mo.

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

*Red J. Miller*

Licensed Embalmer No.

3752

P. O. Address

Farmington, 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.