S. No. 9-4 5-17-39 I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41896

Registration District No. 18

Primary Registration District No. 115

Registrar's No. 2791

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6225 Cabanne Avenue.
(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: St. Louis

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

(d) Street No.: 6225 Cabanne Ave.
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: EDWARD W. EBERHARDT.

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Wilhelmina Eberhardt

6. (c) Age of husband or wife if alive: Dec'd. years

7. Birth date of deceased: February (Month) 10, (Day) 1867. (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	17	hr. min.

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

10. Usual occupation: Inspector (Retired)

11. Industry or business: Century Electric Co.

MOTHER FATHER

12. Name: Dont Know.

13. Birthplace: ? (City, town, or county) Germany. (State or foreign country)

MOTHER

14. Maiden name: Dont Know.

15. Birthplace: ? (City, town, or county) Germany. (State or foreign country)

16. (a) Informant: Mrs. Ruth Henson.

(b) Address: 6225 Cabanne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-1942. (Month) (Day) (Year)

(c) Place: burial or cremation: Bethany Cemetery.

18. (a) Signature of funeral director: Geo. L. Pleitsch Inc.

(b) Address: 5966-68 Easton Ave.

19. (a) Burial Permit Issued DEC 29 1942 (Date received by local registrar) E. D. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th.
year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-7-41, 19..., to 12/27, 1942
that I last saw him alive on 10/14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardinoma —	
Metastatic to	
right thigh and	✓
pelvis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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

(f) Signature John A. Luemker (M. D. or other) M.D.

Address 1574 So. Grand Date signed 12/28/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Duemler.
1504 South Grand Blvd.
Hours 10-12 A.M. 2 to 6 P.M.
Telephone Prospect 3530

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 3454 David C. Gibson, Registered Apprentice No. 346 working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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

State File No. 41896

Registration District No. 764 Primary Registration District No. 118 Registrar's No. 2791

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward N. Eberhardt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 10 (Day) 186 (Year)

8. AGE: Years 75 Months 10 Days 17 If less than one day hr. min. 11

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

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

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 27
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma — metastatic to right hip and pelvis	
Due to Metastatic from	
Due to sublingual — primary	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 45c	PHYSICIAN
Of autopsy None	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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature John Lucas (M.D. or other)
Address 1504 Locust Date signed 12/4/43