

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: **2 City Sanitarium**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **32yr. 10mo. 7ds.**
(Specify whether years, months or days)
 In this community **58 yr. 9mo. 15ds.**

3. (a) PRINT FULL NAME **ROSE EBERLY**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **710**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Wm. Eberly** 6. (c) Age of husband or wife if alive **1885** years
 7. Birth date of deceased **Mar. 13, 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 15 hr. _____ min.

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

10. Usual occupation **Seamstress**

11. Industry or business _____
 12. Name **unknown**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Snyder**
 (b) Address **5400 Arsenal St**

17. (a) **BURIAL** (b) Date thereof **12/31/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mo. CREMATORY**

18. (a) Signature of funeral director **A. W. McLaughlin**
 (b) Address **2301 Lafayette**

19. (a) **DEC 31 1943** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **11**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3932 N. 19th St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28**
 year **1943** hour **12.55** minute **a.** M.
 21. I hereby certify that I attended the deceased from **7-1-1938** 19 to **Dec 28, 1943**
 that I last saw her alive on **Dec 28, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Ileum**
Psychosis

Duration
1943x
1938x

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy **NO**

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 **Anthony K. Burch** (M? D? another)
 Address **5400 Arsenal St.** Date signed **12/30/43**

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

MOTHER FATHER

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..... *L. P. Cooper*.....

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.