

FILED DEC 29 1943 318  
Registration District No. 1943

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County ST LOUISIS  
(b) City or town ST LOUISIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOHNS HOSPITAL  
(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)

3. (a) PRINT FULL NAME EDWIN R. EBERT

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 MARY 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased OCT. 10 1893  
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation TORR DEALER

11. Industry or business PROPRIETOR

12. Name JOHN L. EBERT

13. Birthplace GERMANY

14. Maiden name VERONICA GUISSEN

15. Birthplace GERMANY

16. (a) Informant Mrs. Mary Ebert

(b) Address Louisiana, Mo.

17. (a) BURIAL (b) Date thereof DEC 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM

18. (a) Signature of funeral director J. Muller Kind Co

(b) Address 516 S. DELMAR BLVD.

19. (a) DEC 14 1943 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 82  
(c) City or town LOUISIANA (If outside city or town limits, write "RURAL")  
(d) Street No. LOUISIANA, MO (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 13  
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-15-43 to 12-13-43

that I last saw him alive on 12-13, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism  
Due to Rheumatic (infective) Aortic Heart Disease

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Newtown, Mo. Date signed 12-14-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*H. G. Harris*

Licensed Embalmer No.....

*3384*

P. O. Address.....

*St Louis*

**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.