

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2782

Registration District No. 119

Primary Registration District No. 5443

State File No.

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural - Roark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 miles West of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community All her life
years, months or days

3. (a) PRINT MRS. CAROLINE EBERLIN
FULL NAME

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 Widowed
6. (b) Name of husband or wife Albert Eberlin 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased March 13 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 28 If less than one day
hr. min.

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

10. Usual occupation Hwf.

11. Industry or business

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

16. (a) Informant Aug. H. Eberlin

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 1/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eberlin Farm Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) Jan. 13, 1944 (b) A. H. Luedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural - Roark
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles west of Hermann
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1944 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from January 10 to January 10, 1944
that I last saw him alive on January 10, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Duration 3 days

Due to.

Due to.

Other conditions General Hemorrhage
(Include pregnancy within 3 months of death)

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 J. J. Kessling (M. D. or other)
Address Hermann, Mo Date signed 1-13-44

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo.

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

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