

No. 2
M-5-43
5-17-39
I X36

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8899**
Registrar's No. **2626**

FILED MAR 27 1944 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 DAY.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5012 QUEENS**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fred Ebmeier**

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

4. Sex **M** 5. Color or race **O W**
6. (a) Single, widowed, married, divorced **3 DIVORCED**
6. (b) Name of husband or wife **ANNA**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **FEB 26 1882**
(Month) (Day) (Year)

8. AGE: Years **62** Months **0** Days **21**
If less than one day hr. min.

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

10. Usual occupation **PAPER CARRIER**

11. Industry or business **SELF**

MOTHER FATHER
12. Name **Peter EBMEIER**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY NIEMEYER**
15. Birthplace **ILL**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maria Ebmeier**
(b) Address **5012 Queens**

17. (a) **BURIAL** (b) Date thereof **MAR 20 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW BETHLEHEM**

18. (a) Signature of funeral director **Richard J. ...**
(b) Address **1936 St. Louis**

19. (a) **MAR 20 1944** (b) **J. F. ...**
(Date received local) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17th**
year **1944** hour **4:15** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to **March 17th**, 19**44**,
that I last saw him alive on **March 17th**, 19**44**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Esophagus - Metastasis to liver**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **Carcinoma of Esophagus - Metastasis to liver**

Duration
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? _____

23. Signature **W. J. Wade** (M. D. or other) _____
Address **1515 Lafayette** Date signed **3/17/44**

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

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 *Eric Mat*.....

Licensed Embalmer No. 2787

P. O. Address 1926 St. Louis Ave.

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.