

FILED MAR 8 1945

Registration District No. 42

Primary Registration District No. 1200

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
624 Mt Moro Rd 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 624 Mt Moro Rd 7
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Peter Eiberger

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 widowed
 6. (b) Name of husband or wife Daisy
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 14 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 28 hr. _____ min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Sebastian Eiberger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Aulda ? 4
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edgar Gall

(b) Address St Joseph Mo.

17. (a) Burial (b) Date thereof 2-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director Fleeman 9 son Inc

(b) Address St Joseph Mo.

19. (a) 2-14-45 (b) Helen [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1945 hour 10 minute 20 P M.

21. I hereby certify that I attended the deceased from Nov. 18 1944 to Dec. 25 1944
that I last saw him alive on Dec 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Sclerosis Duration _____

Due to _____

Due to _____

Other conditions Rhth. Chr. - Hypert. - Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1318

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 C

23. Signature [Signature] (M. D. or other) _____

Address 620 Thor. C. B. Date signed 2/13/45

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

1377

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

Robert H. Gable

Licensed Embalmer No.

3308

P. O. Address

St. Joseph, Mo.

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.