

S. No. 2
M-5-43
v. 5-17-39
I X36571

State File No. 0

FILED MAY 24 1945
317

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 924

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2332 Bellevue Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights 91
(If outside city or town limits, write "RURAL")

(d) Street No. 2332 Bellevue Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Eberle

3. (b) If veteran, name war _____

3. (c) Social Security 488-01-3947

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella A. Eberle

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Apr. 15 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 0 0 _____ hr. _____ min.

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

10. Usual occupation Sheet Metal Worker

11. Industry or business Mound Road Cornice Co.

12. Name John Eberle

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

14. Maiden name Kate Hermann

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

16. (a) Informant Mrs. Ella A. Eberle

(b) Address 2332 Bellevue Ave.

17. (a) Burial (b) Date thereof 4-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) APR 17 1945 E. G. M. Gauer NO
(Date received local registrar) (Registrar's signature) 94

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1945 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from April 15
1945, to April 15, 1945:
that I last saw alive on April 15, 1945:
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Aorta Cordis dilatation 1 day

Due to _____

Due to 94

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Edward Brown (M. D. or other) _____

Address 1504 20 Grand Date signed 4-16-45

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

P. O. Address.....

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.