S. No. 2
M—5-43
. 5-17-39
I X36671

#45502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 318 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 25594

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 7704

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 018

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4361a Gibson Ave 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Eberline

3. (b) If veteran, name war 1 No

3. (c) Social Security No. _____

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased Sept. (Month) 22 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
69	~~10~~ 11	~~29~~ 9	hr. min.

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

10. Usual occupation Labor

11. Industry or business Retired

FATHER
12. Name Charles Eberline
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Margaret Illert
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Kelly
(b) Address 4104 Manchester Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 4 45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter Paul Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) SEP 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st year 1945 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from 8/27/45, 19__, to 8/31/45, 19__; that I last saw him alive on 8/31/45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to	
Due to 92	
Other conditions (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? _____ (Specify type of place)

While at work? _____ Means of injury 0

23. Signature James J. Smith (M. D. or other)

Address 1515 Lafayette Date signed 8/31/45

(Licensed Embalmer's Statement on Reverse Side)

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 Elvine D. Mc Dermott

Licensed Embalmer No. 3024

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.