

FILED JAN 11 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11652

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Helena Ebel

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 \_\_\_\_\_

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

7. Birth date of deceased January 8th 1856  
(Month) (Day) (Year)

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

89 11 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER { 12. Name Peter Janneman

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

14. Maiden name Unknown

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

16. (a) Informant Wm Ebel Son

(b) Address 3304 Wyoming

17. (a) Burial (b) Date thereof January 2 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Petz Bros

(b) Address 3029 Lafayette Ave

19. (a) JAN 9 1946 (b) J. F. Budack  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 119

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 76

(d) Street No. 3304 Wyoming  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st  
year 1945 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from 12-27 1945 to 12-31 1945  
that I last saw him et alive on 12-30 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 days

Due to Senility

Due to Arteriosclerosis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 107

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. E. Macdonald M. D. or other M.D.  
Address 4301 Natural Bridge Rd. Date signed 12-1-46

**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 Francis J. Downe

Licensed Embalmer No. 2245

P. O. Address St. Louis 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.**