

**FILED** JAN 17 1946

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Clayton, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(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 Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4065 Fairview  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Richard F. J. Eberius, Sr.

3. (b) If veteran, name war..... 3. (c) Social Security No. 497-07-2869

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Mary Eberius 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 31st 1888  
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business Von Hoffman Press Company

MOTHER FATHER { 12. Name Richard Eberius

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

14. Maiden name Emma (unknown)

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

16. (a) Informant Mrs. Rose Mary Eberius-Wife

(b) Address 4065 Fairview Ave.

17. (a) burial (b) Date thereof 1-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Undertakers

(b) Address 2849 North Euclid Avenue

19. (a) JAN 11 1946 (b) W. M. Barron  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th year 1946 hour 7:35 minute A. M.

21. I hereby certify that I attended the deceased from Aug 13 1946 to Jan 10 1946 that I last saw him live on Jan 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation of myo  
Hypertensive Cardiopathy  
Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy.....

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) (Means of injury)  
23. Signature W. M. Barron (M. D. or other) 1/10/46  
Address 2849 North Euclid Avenue Date signed

Duration  
Underline the cause to which death should be charged statistically.

PHYSICIAN

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

1934

170

16-46

707

Dr. John P. Conner  
Metropolitan Building,  
between 7-8 P.M. tonite

JAN 16 1918

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

*Robert L. Brinkman*

Licensed Embalmer No. 3503

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.**