

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10744**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Alexian Brothers Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 Days**
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **Joseph M. Ealer**

3. (b) If veteran, name war _____
 3. (c) Social Security No. **487-18-8488**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Adelheid** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 5th 1867**
 (Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **8** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Asbestos Worker**

11. Industry or business _____

12. Name **Henry Ealer**

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

14. Maiden name **Laura English**
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Adelheid Ealer**

(b) Address **2647a California Ave.**

17. (a) **Burial** (b) Date thereof **12/17/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul Cemetery**

18. (a) Signature of funeral director **John N. Shelton Sons and Co.**

(b) Address **2630 Grayois Ave.**

19. (a) **DEC 16 1946** (b) **J. F. Bredeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
 (d) Street No. **2647a California Ave.** (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 **13th**
 year **1946** hour **10** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Nov 30** to **Dec 13**, 19**46**
 that I last saw him alive on **Dec - 13 -**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Compensation of the heart with terminal embolus of mesencephalon**
 Due to _____

Due to _____

Other conditions **Systemic Sclerosis**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **51**

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) (e) Means of injury _____
 23. Signature **George W. [unclear]** (M. D. or other) **MD**
 Address **312 S. [unclear]** Date signed **12-16-46**

Duration

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 F. Gebken*

Licensed Embalmer No. *4144*

P. O. Address..... *2630 Gravais*

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.

1