

FILED JUL 26 1947

1003

Registration District No.

Primary Registration District No.

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:
275 Union Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **aaa**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **275 Union Blvd**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Rosetta Eberlein**
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **17th**,
year **1947** hour **6** minute **A** M.
21. I hereby certify that I attended the deceased from.....
19..... to **7/17/47** 19.....
that I last saw **br** alive on **7/16/47** 19.....
and that death occurred on the date and hour stated above. *Duration*

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Edwin Eberlein** 6. (c) Age of husband or wife if alive **Dec'd** years
7. Birth date of deceased **July 11th, 1887**
(Month) (Day) (Year)

Immediate cause of death
Intercerebral acute hemorrhage
Due to *Hypertension*
Due to.....

8. AGE: Years Months Days If less than one day
60 **0** **3** hr. **6** min.

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

10. Usual occupation **At Home**

11. Industry or business.....
12. Name **Frederick Schmidt**
13. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Faatz**
15. Birthplace **U.S.A.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R. C. Spackler**
(b) Address **709 Skinker Blvd**
17. (a) Entombment (b) Date thereof **7/19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Mausoleum**

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) (Country) (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 **Wm. B. Kountz** M. D. **7/18/47**
Address **1500 Olive St** Date signed

18. (a) Signature of funeral director **Robert J. Ambruster, Inc**
(b) Address **6633 Clayton Road**
19. (a) **JUL 19 1947** (b) **J. F. Bredeck**
(Date received from registrar) (Registrar's signature)

WRITE PLAINLY—USING 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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.