No. 300
-10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28475

Registrar's No. 1986

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Lemay Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 3941 S Grand
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Eberhart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 21 (Day) 1864 (Year)

8. AGE: Years 84 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name John Wilbert
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Rosa Dinger
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mississippi Valley Trust Co.
(b) Address 225 N. Bway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) 8-23-48 (Date received local registrar) (b) Cecil A. Z. Sharp, M.D. (B.H.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21 year 1948 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from Aug 1 48, 19 , to Aug 20, 1948; that I last saw her alive on Aug 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to Senility 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Sudden

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 [signature] (M. D. or other)

Address 4065 Fairfield Date signed 8/23/48

(Licensed Embalmer's Statement on Reverse Side)

Dr Hoffmann
4065 S Grand
LO 2711

SEP 9 1949

SEP 7 1949

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 Williamson

Licensed Embalmer No. 3565

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.