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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38072

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9802

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 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2024a E. Prairie Ave D
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David C. Ebmeyer

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December (Month) 18 (Day) 1892 (Year)

8. AGE: Years 55 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Guard

11. Industry or business

FATHER
12. Name Fred Ebmeyer
13. Birthplace St. Louis (City, town, or county) Missouri D (State or foreign country)

MOTHER
14. Maiden name Emma Brockman
15. Birthplace St. Louis (City, town, or county) Missouri D (State or foreign country)

16. (a) Informant Mrs. Josephine Ebmeyer
(b) Address 2024a E. Prairie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) NOV 12 1948 (Date received local registrar) (b) J. B. Lasatas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 7, 1948, to Nov 9, 1948
that I last saw him alive on Nov 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture aneurysm abd aorta, Ruptured into duodenum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Rupture abd aneurysm

Duration 2 days

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 Oliver Abel Jr (M. D. or other)
Address 4952 Maryland Date signed 11-11-48

(Licensed Embalmer's Statement on Reverse Side)

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 Glen W. Hab

Licensed Embalmer No. 3737

P. O. Address 2161 E. Fair

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.