

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13726
3582

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY OR TOWN <u>St Louis Mo</u>		c. LENGTH OF STAY (in the place) <u>4 d.</u>		c. CITY OR TOWN <u>St Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>5792 Westminster</u>			
3. NAME OF DECEASED (Type or Print) <u>HENRY J.</u>		a. (First)		b. (Middle)		c. (Last) <u>EBERT</u>	
4. DATE OF DEATH <u>4 20, 1949</u>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 21, 1872</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		9. AGE (In years last birthday) <u>76</u>		10. F UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>office work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PAPER Ind.</u>		11. BIRTHPLACE (State or foreign country) <u>Trenton Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Julius Ebert</u>		13b. FATHER'S MAIDEN NAME <u>Ida Cohen</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-07-7906</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer P. Abrahamson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm Occlusion - acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Cardiac Decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10 years</u> <u>5 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>930</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart</u>			
22. I hereby certify that I attended the deceased from <u>April 15, 1949</u> , to <u>April 20, 1949</u> , that I last saw the deceased alive on <u>April 19, 1949</u> , and that death occurred at <u>5A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Horace M. Meyer M.D.</u> (Degree or title)				23b. ADDRESS <u>508 N. Grace</u>		23c. DATE SIGNED <u>April 20, 1949</u>	
24a. PREPARED CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>4/22/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>	
DATE REC'D BY LOCAL REG. <u>APR 21 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mayer</u>		ADDRESS <u>4276 Ludell</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Elmo R. Padwell

Licensed Embalmer No. 4077

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.