

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16964**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES (1)	c. LENGTH OF STAY (In this place) 10 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'FALLON RURAL 0,	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOSEPH HOSPITAL		d. STREET ADDRESS (If rural, give location) —	

3. NAME OF DECEASED (Type or Print) CHRISTINA	a. (First) —	b. (Middle) —	c. (Last) EBENRECK	4. DATE OF DEATH (Month) (Day) (Year) MAY 2 1949
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5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) L	8. DATE OF BIRTH OCT. 19-1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (State or foreign country) LINCOLN Co. MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ANTON KEWSTING	13b. MOTHER'S MAIDEN NAME BENEDICT	14. NAME OF HUSBAND OR WIFE FRANK EBENRECK JR.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME FRANK EBENRECK	ADDRESS O'FALLON MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis		2 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus DUE TO (c) —		4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt leg amputation 2 wks previous to death - gangrene 4 mo			260X

19a. DATE OF OPERATION 5 Apr 49	19b. MAJOR FINDINGS OF OPERATION gangrene of rt foot	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 19 47** to **2 May, 1949**, that I last saw the deceased alive on **2 May, 1949**, and that death occurred at **7-8 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence B Behan MD	23b. ADDRESS O'Fallon MO	23c. DATE SIGNED 5-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) MAY 4 - 1949	24b. DATE MAY 4 - 1949	24c. NAME OF CEMETERY OR CREMATORY ST. PAUL	24d. LOCATION (City, town, or county) (State) ST. PAUL MO
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DATE REC'D BY LOCAL REG. 5/17/49	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE 284 Oak St. O'Fallon MO	ADDRESS O'FALLON MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. K. Kelly

Licensed Embalmer No. 877

P. O. Address Fallon 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.