

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38675

State File No. 10501

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7505 Minnesota</b>				d. STREET ADDRESS (If rural, give location) <b>7505 Minnesota</b>					
3. NAME OF DECEASED (Type or Print) <b>ANNA</b>			a. (First)		b. (Middle)		c. (Last) <b>EBERLEIN</b>		
4. DATE OF DEATH <b>Dec. 5, 1949</b>		(Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 23, 1872</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Brinkmann</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>William</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Eberlein Jr</b>		ADDRESS <b>7505 Minnesota</b>			
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				INTERVAL BETWEEN ONSET AND DEATH <b>7-6r</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intaraction of Myocardium</b>				ANTECEDENT CAUSES					
DUE TO (b) <b>Arteriosclerosis</b>				DUE TO (c) <b>Aortic regurgitation disto</b>				<b>Year</b>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>WUES (Rhectic Aortitis)</b>				<b>Year</b>	
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) <b>St. Louis</b>					
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? <b>029</b>					
22. I hereby certify that I attended the deceased from <b>4/29, 1948</b> , to <b>12/5, 1949</b> , that I last saw the deceased alive on <b>Dec 5, 1949</b> , and that death occurred at <b>7:30p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Ray David Williams</b>				(Degree or title) <b>W.D.</b>		23b. ADDRESS <b>114 W Taylor St. Louis 8</b>			
23c. DATE SIGNED <b>12/6/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/7/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>		DATE REC'D BY LOCAL REG. <b>DEC 6 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>			
ADDRESS <b>7814 So. Broadway St. Louis, Missouri</b>									

(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 *James C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

**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.**