

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21489**

5578

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If rural, give location) 4110a S. Grand Blvd.	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) FRED	b. (Middle) L.	c. (Last) EBEL	(Month) (Day) (Year) June 25, 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH December 13, 1884	9. AGE (In years last birthday) 65	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MINUTES 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hauling Business	10b. KIND OF BUSINESS OR INDUSTRY Retired 20yrs.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Ebel	13b. MOTHER'S MAIDEN NAME Ernestine Redder	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Anna M. Ebel	ADDRESS 4110a S. Grand Blvd.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201
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22. I hereby certify that I attended the deceased from **6/20/1950** to **6/25/1950**, that I last saw the deceased alive on **6/25/1950**, and that death occurred at **5:30 PM** from the causes and on the date stated above.

23a. SIGNATURE Reuben M. Smith M.D.	(Degree or title)	23b. ADDRESS 4145 So. Grand	23c. DATE SIGNED 6/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/28/50	24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis
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DATE REC'D BY LOCAL HEALTH DEPT. JUN 27 1950	REGISTRAR'S SIGNATURE J. B. Sabater	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	ADDRESS 2842 Meramec St.
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(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18 Mo.

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe S. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 1218

P. O. Address 2842 Meramec St.
St. Louis, 18 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.