

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2492

FILED JAN 19 1951

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 124		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ST. LOUIS, MO b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO		2119 13		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3931 COTTAGE AVE				d. STREET ADDRESS (If rural, give location) 3931 COTTAGE AVE				
3. NAME OF DECEASED a. (First) ISABELLA (Type or Print)			b. (Middle) _____		c. (Last) EBERLE		4. DATE OF DEATH (Month) (Day) (Year) JAN 5, 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH AUG. 16, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO 0		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME THOMAS JAENSCH			13b. MOTHER'S MAIDEN NAME UNKNOWN		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) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARRIE EBERLE, 3931 COTTAGE AVE			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic valvular heart			INTERVAL BETWEEN ONSET AND DEATH _____	
				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"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
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? H/214				
22. I hereby certify that I attended the deceased from Jan 5, 1951 , to Jan 5, 1951 , that I last saw the deceased alive on Jan 5, 1951 , and that death occurred at 5:00 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE a.g. Murphy				(Degree or title) M.D.		23b. ADDRESS 4143 N. Newstead		
23c. DATE SIGNED 1/6/51		24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE JAN. 8, 1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO		DATE REC'D BY LOCAL REG. JAN 7 1951		REGISTRAR'S SIGNATURE J. B. Loecher		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SULLIVAN FUNERAL DIRECTORS 2849N EUCLID AVE.		

(Licensed Embalmer's Statement on Reverse Side)

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

Prove

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Gustavo DeCente

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

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.