

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1952

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State File No. 25742
Registrar's No. 6544

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 25742		Registrar's No. 6544		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0			c. LENGTH OF STAY (in this place) 0			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riverview Gardens 4010			d. STREET ADDRESS (If rural, give location) 540 Scranton Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				3. NAME OF DECEASED a. (First) William b. (Middle) _____ c. (Last) Eberle		4. DATE OF DEATH (Month) (Day) (Year) June 27th, 1952				
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH Apr. 14th 1897		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY Rubberoid Co.		11. BIRTHPLACE (City and State or Foreign Country) Denver Colo 1		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Philip Eberle			13b. MOTHER'S MAIDEN NAME Sarah Johnson			14. NAME OF HUSBAND OR WIFE Jennette Eberle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I			16. SOCIAL SECURITY NO. 494-03-9901		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Eberle, 3838 W 1st, Denver, CO					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cleanly resuscitated							INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY YES <input checked="" 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)					
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? 4222					
22. I hereby certify that I attended the deceased from 2 , 19 52 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 530 m., from the causes and on the date stated above.										
23a. SIGNATURE Patrick E. Caylor, Coroner				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 7-7-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7/7/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Louis Co., Mo.			24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. Jul 7 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home 8319 Hallsferry				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 M. W. Ruetow.....

Licensed Embalmer No. 4865.....

P. O. Address St Louis 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.