

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4208

State File No.

FILED JAN 31 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 596 Registrar's No. 0189

1. PLACE OF DEATH
a. COUNTY St. Louis

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. Ann's

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019

d. FULL NAME OF HOSPITAL OR INSTITUTION O'Sullivan Nursing Home

d. STREET ADDRESS (If rural, give location) 6326 Michigan Ave.

3. NAME OF DECEASED
a. (First) Adolph b. (Middle) _____ c. (Last) Ebersbach

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH April 4, 1875

9. AGE (In years last birthday) 77 yrs. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signal Police

10b. KIND OF BUSINESS OR INDUSTRY Brewing

11. BIRTHPLACE (City and State or Foreign Country) Waldeck, Germany 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marting, 5747 Chippewa

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis

ANTECEDENT CAUSES
Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinson's disease
DUE TO (c) arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
1 month over 2 years unknown

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 350X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1953, to Jan 18, 1953, that I last saw the deceased alive on Jan 16, 1953, and that death occurred at 10:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann (Degree or title) MD

23b. ADDRESS 8231 Clayton Rd (17)

23c. DATE SIGNED 1/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-21-53

24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 1-19-53

REGISTRAR'S SIGNATURE Hubert R. Dambler

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Louis Littmann
8231 Clayton Rd.

PA 0202 3 PM

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 *Selvig J. Kispine*

Licensed Embalmer No. 13497

P. O. Address St. Louis 70

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.