

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4209

State File No.

FILED JAN 30 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>0192</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u> c. LENGTH OF STAY (in this place) <u>3 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1235 Brookside Drive</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u> <u>4651</u> d. STREET ADDRESS (If rural, give location) <u>0</u> <u>1235 Brookside Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bette</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Eberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 18, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 16, 1925</u>		9. AGE (In years last birthday) <u>27</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>- At Home -</u>		11. BIRTHPLACE (State or foreign country) <u>Green County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Hood</u>	
13b. MOTHER'S MAIDEN NAME <u>Pina Callison</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph T. Eberts, Jr.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ralph T. Eberts, Jr.</u>		ADDRESS <u>1235 Brookside Drive</u>		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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma right breast</u> 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. <u>generalized distant metastases</u>	
20. AUTOPSY? YES ☐ NO ☒		21a. DATE OF OPERATION <u>170X</u>		21b. MAJOR FINDINGS OF OPERATION <u>Carcinoma right breast</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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) (Min.)	
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 <u>July</u> , 19 <u>52</u> , to <u>1-18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-15</u> , 19 <u>53</u> and that death occurred at <u>10 a</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Carl E. Lischer M.D.</u>	
23b. ADDRESS <u>457 N. Kings Highway</u>		23c. DATE SIGNED <u>1-19-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>January 21, '53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>1-19-53</u>		REGISTRAR'S SIGNATURE <u>H. R. D. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar Blvd.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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.....

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.