No. 300
10.48

FILED MAR 20 1953

STANDARD CERTIFICATE OF DEATH

State File No. 12734

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 721

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
c. LENGTH OF STAY (In this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1119 Delaware Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston 4311
d. STREET ADDRESS (If rural, give location): 1119 Delaware Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Eberhart

4. DATE OF DEATH (Month) (Day) (Year): 3/4/53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: May 11 1895
9. AGE (In years last birthday): 57 — 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): Saleman
10b. KIND OF BUSINESS OR INDUSTRY: Dont Know
11. BIRTHPLACE (City and State or Foreign Country): Jefferson, Okla 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Mathias Eberhart
13b. MOTHER'S MAIDEN NAME: Emma Lawson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Anna O'Connell 1119 Delaware 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial disease — 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) Hypertension, arteriosclerosis — 20 yrs.
DUE TO (c) Diuretic pneumonia — 20 yrs.

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 4221
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) m.
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* Aug, 1952, *to* 3/4/53, 19__, *that I last saw the deceased alive on* 12-12, 1952, *and that death occurred at* 5:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H G Farris MD 0
23b. ADDRESS: 45 Bellevue Ave.
23c. DATE SIGNED: 3/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 3-5-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jos. W. Clark 1125 Hodiamont Ave.

P.T. (Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Alfred J. Boeseker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.