FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40408

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10864

1. PLACE OF DEATH
a. COUNTY

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

c. LENGTH OF STAY (in this place) 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY 2179

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0

d. STREET ADDRESS (If rural, give location) 17 3624 Shaw Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) Anna c. (Last) Ebert

4. DATE OF DEATH (Month) (Day) (Year) 11/14/53

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH 12/9/78

9. AGE (In years last birthday) 74 | If under 1 year: Months 11 Days 5 | If under 24 hrs.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Totsch

13b. MOTHER'S MAIDEN NAME Christine Kohrmann

14. NAME OF HUSBAND OR WIFE John G. Ebert

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 John G. Ebert ADDRESS 3624 Shaw

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) Generalized arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) With heart and cerebral components leading

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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? 4500

22. *I hereby certify that I attended the deceased from* 10-29, 1953, *to* 11-14, 1953, *that I last saw the deceased alive on* 11-14-53, 19__, *and that death occurred at* 3:20P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Palmer Duaene Bowdish M.D. (Degree or title)

23b. ADDRESS 5800 Arsenal St.,

23c. DATE SIGNED 11-14-53

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

24b. DATE 11/18/53

24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery

24d. LOCATION (City, town, or county) (State) Belleville, ILL.

DATE REC'D BY LOCAL REG. NOV 16 1953

REGISTRAR'S SIGNATURE J Carl Smith MD MSB

25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons ADDRESS 2630 Gravois Ave.

(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Robert H. Gebk

Licensed Embalmer No.....414

P. O. Address.....2630 Gravoi

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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