

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2495

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

0859

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			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. Louis		c. LENGTH OF STAY (In this place) Lifetime		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1506 DeSoto Ave / 2099			e. STREET ADDRESS (If rural, give location) 1506 DeSoto Ave (?)						
3. NAME OF DECEASED (Type or Print) MARY			a. (First)		b. (Middle) EBELING		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) January 29, 1955			5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		
8. DATE OF BIRTH Oct. 21, 1870			9. AGE (In years last birthday) 84		# UNDER 1 YEAR Months Days		# UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Herman Schlotmann			13b. MOTHER'S MAIDEN NAME Anna Hanebrink			14. NAME OF HUSBAND OR WIFE Theodore A. Ebeling deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Paul A. Ebeling 1432 Veronica Ave 15				
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> 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 - 24 hrs. 3 months	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from <u>Jan. 1954, to 28 Jan., 1955</u> , that I last saw the deceased alive on <u>28 Jan., 1955</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. S. King</u>			(Degree or title) M.D.O.		23b. ADDRESS 2114 E Grand		23c. DATE SIGNED 29 Jan 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1955	24c. NAME OF CEMETERY OR CREMATORY Valvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO				
DATE REC'D BY LOCAL REG. JAN 31 1955		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDEMEYER & SON'S 3934 N. 20th Street				

(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.....
Signature of Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.