

THE DIVISION OF HEALTH OF MISSOURI  
 FILED JAN 6 1956 STANDARD CERTIFICATE OF DEATH

42009

State File No. ....

318

1003

Registrar's No. 10818

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 Mo. b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION 3615 South Broadway				d. STREET ADDRESS (If rural, give location) 24 3615 S. Broadway							
3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle) Belle		c. (Last) Eberts		4. DATE OF DEATH (Month) (Day) (Year) December 9, 1955					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME John Krone			13b. MOTHER'S MAIDEN NAME Rebecca Wild			14. NAME OF HUSBAND OR WIFE Jacob					
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 Jacob Eberts		ADDRESS 3615 So. Broadway					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
*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) Paralytic Stroke (2) last				9 weeks			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Hypertension		7945	
								DUE TO (c) Diabetes mellitis		1945	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				James M. Kelly 260X Deputy Coroner 12-10-55							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? 334X							
22. I hereby certify that I attended the deceased from Jan 9, 1945, to Aug 5, 1953, that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 3:20 P. m., from the causes and on the date stated above.											
23a. SIGNATURE Leroy E. Ellison MD				23b. ADDRESS 3610 So Broadway St. Louis		23c. DATE SIGNED Dec 9, 1955					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.						
DATE REC'D BY LOCAL REG. DEC 10 1955		REGISTRAR'S SIGNATURE L. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway							

(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

*Harry J. Schumacher*

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.