

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034170
STATE FILE NUMBER
8863

HEALTH & WELFARE PUBLIC SERVICE

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 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, give TOWNSHIP or TOWN) Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) 6609 Oleatha
3. NAME OF DECEASED (Type or print) First Middle Last Adam Ebinger			4. DATE OF DEATH Month Day Year 9 12 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 20. 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consultant		10b. KIND OF BUSINESS OR INDUSTRY Public Service Corp. Hungary	9. AGE (In years last birthday) 73
13. FATHER'S NAME Wilhelm Ebinger		11. BIRTHPLACE (City and state or country) 6 Naturalized	
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. 493 10 7563	12. CITIZEN OF WHAT COUNTRY? 6 Naturalized
17. INFORMANT Michael Ebinger		Address No 8 Claychester, Des Peres	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Ca of Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 153.8 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1 1957 to 9-12-58 and last saw him alive on 9-12-58 Death occurred at 8:25 PM m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 18 S. Pennsylvania	22c. DATE SIGNED 9-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-15-1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) St Louis Co. Mo
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6164 Chippewa Street St. Louis 9, Mo		25. DATE RECD. BY LOCAL REG. SEP 15 '58	26. REGISTRAR'S SIGNATURE [Signature]

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill C. Brown*.....

Licensed Embalmer No. *47*.....

P. O. Address

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.