

AMENDED FILED MAY 10 1961 318 Primary Registration District No. 1003 Registrar's No. 4234

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | | | | | | | | | | | |
|--|--|---|--|---|---|--|--|--|-----------------------------------|--|--|--|--|
| 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 only) OR TOWN St. Louis | | Length of stay in 1b 58 yrs | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Convalescent Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 4359 Taft Avenue | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) - First Middle Last LEONARD E. EBERHART | | | | 4. DATE OF DEATH Month Day Year May 2, 1961 | | | | | | | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 5/29/1881 | | 9. AGE (last birthday) 79 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired pharmacist | | | | 10b. KIND OF BUSINESS OR INDUSTRY retail pharmacy | | 11. BIRTHPLACE (City and state or country) Edwardsville, Ill. | | 12. CITIZEN OF WHAT COUNTRY USA | | | | | |
| 13a. FATHER'S NAME John J. Eberhart | | | | 13b. MOTHER'S MAIDEN NAME Josephine Halm | | | | 14. NAME OF HUSBAND OR WIFE Selma Mueller | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 17. INFORMANT Address Dr. Hilmar L. Eberhart, 753 Buckley Rd. | | | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septic Myocarditis</i> DUE TO (b) <i>Generalized Arteriosclerosis 5 yrs</i> DUE TO (c) <i>422.1</i> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 / a.m. / p.m. Month, Day, Year | | | | 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 <i>January 16</i> to <i>May 2/61</i> and last saw him alive on <i>April 30/61</i> Death occurred at <i>6:00 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE <i>W. H. Johnson, M.D.</i> (Degree or title) | | | | | | 22b. ADDRESS <i>4727 Greer St.</i> | | | 22c. DATE SIGNED <i>5/2/61</i> | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 5/4/61 | | 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave. | | | | 25. DATE REC'D. BY LOCAL REG. MAY 4 1961 | | 26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i> | | | | | | | |

BY AFFIDAVIT OF

Dr. Walter Rohlfing

4742 Crevois Avenue

6 to 7:30 PM

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

Homer H. Fritz

Licensed Embalmer No. 3882

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.