

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042194

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5435 Registrar's No. 53

FILED NOV 21 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1 0370		
2 20292		
3		
4 1		
5 2		
6		
7 2		
8 2		
9 X		
10		
11 037		
12 91-3		
13 1-0		
	DOCUMENT	
	MEDICAL CERTIFICATION	
	BY AFFIDAVIT OF	
	ITEM NO.	SHOULD READ

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boeuf (Drake, Mo)		Length of stay in lb In transit	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 50 & 19		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4959 Sunshine Drive
3. NAME OF DECEASED (Type or print) First Pauline Middle Last Ebel		4. DATE OF DEATH Month Oct Day 26 Year 1962	
5. SEX Female	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/3/1879
9. AGE (last birthday) 82		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME William Fromm	
13b. MOTHER'S MAIDEN NAME Caroline Grasenz		14. NAME OF HUSBAND OR WIFE Louis K. Ebel	
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. Unkown	17. INFORMANT Address Mrs. Bertha Apel, St. Louis, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Cranium Auto Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intersection of Highway 50 & 19, Drake, Mo) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) Collision of Truck and passenger auto	
20c. TIME OF INJURY Hour 10:45 a.m. p.m. Month, Day, Year 10/26/62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20e. CITY, TOWN, OR LOCATION Drake		20f. COUNTY STATE Gasconade Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 10:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Herman Blumer</i> Coroner (Degree or title)		22b. ADDRESS Hermann, Mo	
22c. DATE SIGNED 10/27/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/29/62	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Mo	
24. FUNERAL DIRECTOR Herman Blumer, Inc		25. DATE RECD. BY LOCAL REG. 10-29-62	
ADDRESS Hermann, Mo		26. REGISTRAR'S SIGNATURE <i>Delma Uffelman</i>	

JAN 15 1963

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 *August H. Lehner*
Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.