

3513
Hobert St

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28887

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **100**

City *St Louis*

(No. *3827* *New Ave*)

File No.....

Registered No. **8443**

St. Ward)

2. FULL NAME

Elizabeth Eiben

(a) Residence No. St. *10* Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Edward Eiben

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 1 1867

7. AGE

YEARS *65*

MONTHS *8*

DAYS *1*

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis

10. NAME OF FATHER

Carl Poggenmuller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Catharina Doolin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

Edward Eiben 3827 New Ave.

15.

FILED

SEP 22 1927

1927

Wm C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *September 20 - 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 17* 19*27*, to *Sept 20* 19*27*, that I last saw h. *Er* alive on *Sept 20* 19*27*, and that death occurred, on the date stated above, at *9:15* P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

*9:15
11:20*

(duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Gastritis from eating Kidney Beans & Peelings of Peaches
(duration) *3* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

(IF NOT AT PLACE OF DEATH)

Did an operation precede death? *no* DATE OF *no*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Otto F. Beans, M. D.*

Sept 22, 1927 (Address) 3513 Hobert Str.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Burialgum

9/23/27 19

20. UNDERTAKER

ADDRESS

Thos H. Bidderman

1936 W. L. Ave. St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

