

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

Do not use this space.

683

FEB 20 1928

1. PLACE OF DEATH

County Franklin

Registration District No. 296

File No.

Township

Primary Registration District No. 4180

Registered No.

City Union (No.)

St. Ward)

2. FULL NAME

Alfred Albert Eisenhuth

(a) Residence. No. St. Ward.

(Usual place of residence)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

widowed

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

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

Oct. 4 - 1856

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>71</u>	<u>3</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Union, Mo.

10. NAME OF FATHER

John Eisenhuth

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Kathryn Schiler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT

Edw. Eisenhuth

(Address)

Union Mo

15.

Jan 7, 1927 CA Eisenhuth

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1927, to Jan 4, 1928

that I last saw him alive on Jan 4, 1928, and that death occurred, on the date stated above, at Union, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

97 97 (duration) 7 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 97 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At Home

Did an operation precede death? Yes DATE OF ✓

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) E. A. Starbuzer, M. D.

Jan 7, 1927 (Address) Union Mo

*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

Old Fellows Cemetery Union Mo Jan 7 1928

20. UNDERTAKER

Wey Horn Union 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.

