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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 2853

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2209 Hebert St St. ..... Ward)

File No. ..... Registered No. 435

2. FULL NAME Catherine Eidemann

(a) Residence. No. 2209 Hebert St., 20 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of J. Eidemann.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt 84.	—	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Charles Nicholas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Margaret Erbe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Un Known

14. INFORMANT Sr Ignace de Loyola
(Address) 2209 Hebert

15. FILED ..... 19..... Max C Starkloff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 2-15 p.m. 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 12, 1928 that I last saw her alive on Jan 11, 1928 and that death occurred, on the date stated above at 2.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1st. Chronic Myocarditis.
Int. B
162.
90 D
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis; Senility, non Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) Anthony A. Bekurke, M. D
1/13, 1928 (Address) 1602 Caso Ave

*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 St Paul's — DATE OF BURIAL 1-13 1928.

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Wash St

1502 [illegible]

6 – 7:30

9 – 11 a.m.