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.

2905

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1 491

City St, Louis Mo. (No. Missouri Baptist Sanitarium. St. ..... Ward)

**2. FULL NAME** Gus. H. Eichschlag.

(a) Residence. No. 4328 Lexington Ave. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married. |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/12/1896

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 5 | 21 | |

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) Linder & Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St, Louis Mo.

PARENTS

10. NAME OF FATHER Gus. A. Eichschlag.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St, Louis Mo.

12. MAIDEN NAME OF MOTHER Emma Hulliung.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

14. INFORMANT Gus A. Eichshlag Sr.
(Address) 4328 Lexington Ave

15. FILED JAN 11 1928 19 Max C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/13/1928 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1928 to Jan 13, 1928 that I last saw him alive on Jan 12, 1928, and that death occurred, on the date stated above, at 5-55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular Meningitis
24A

(duration) 32 yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual Clinical & Laboratory T.P.C. in special fluid

(Signed) Edward Snyder M. D

Jan 13, 1928 (Address) 3533 N. Kerbsleaf

*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 |
|---|---|
| Lake Charles | 1-16-1928 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Provost Und Co | 3710 N. Grand. |