WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

File No. 28511
Registered No. 7951

1. PLACE OF DEATH

County ..... Registration District No. 7811
Township ..... Primary Registration District No. 11003
City Barnard Free Skin & Cancer Hospital ..... St. ..... Ward)

2. FULL NAME Fred Eismann

(a) Residence. No. 3406 N. 22nd 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 30 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~~ Helen Eismann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	64	2	2	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work Retired Dairyman
(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) Germany

PARENTS

10. NAME OF FATHER Fred Eismann
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

14. INFORMANT Helen Eismann
(Address) 3406 N. 22nd

15. FILED 3-3 1927 Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/13/28, 19 28, to 8/1/28, 19 ..... that I last saw h. alive on 8/1/28, 19 ..... and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

45 Carcinoma Soft Palate
53
105 LS metastasis to neck
4 D

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Ligation of Int Carotid
Artery fol. hemorrhage
(duration) 1 yrs. 8 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 0 4/2/27
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7/18/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Exam
(Signed) C. A. Rowlands, M. D
, 19 (Address) 3427 Washington Blvd

*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
Friedens Cemetery	Aug. 4 1928.
20. UNDERTAKER	ADDRESS
Thos. H. Beiderwieden	1936 St. Louis.