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

Do not use this space.

File No. 29291

Registered No. 8813

1. PLACE OF DEATH

County.....

Township.....

City St Louis Mo. (No. ..... St. ..... Ward)

Registration District No. 791

Primary Registration District No. .....

2. FULL NAME Wendel Eisenbach

(a) Residence. No. 3411 Klem St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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~~ Barbara Eisenbach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 26, 1863

7. AGE: Years 64 | Months 11 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER W. Eisenbach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Barbara Eisenbach
(Address) 3411 Klem St.

15. FILED SEP 1 1928, 19 Max C Starkloff, Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from June 9th, 1928, to Aug 31, 1928, that I last saw him alive on Aug 30 pm, 1928, and that death occurred, on the date stated above, at 2 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 2A.
Carcenoma of stomach
H.P.
44-0
(duration) ? yrs. ? mos. ? ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 9th 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Operation

(Signed) A J Gettinger M. D.

, 19 (Address) 3600 N 14th St.

*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: Friedens

DATE OF BURIAL: Sept 3 1928

20. UNDERTAKER: Guedmeyer

ADDRESS: 3934 A.20

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.