APR 28 1930

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

Do not use this space.

8316

1. PLACE OF DEATH

County Gasconade — Registration District No. 305 — File No.

Township Cassaon — Primary Registration District No. 6452 — Registered No. 5

City ... (No. ... St. ... Ward)

2. FULL NAME Henry Fritz Eickermann

(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 1/2 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	Infant

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 31, 1930

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(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) Gasconade Co Mo

PARENTS

10. NAME OF FATHER Henry H. Eickermann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bay

(STATE OR COUNTRY) Gasconade Co Mo

12. MAIDEN NAME OF MOTHER Clara Hoeffner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leisco

(STATE OR COUNTRY) Gasconade Co Mo

14. INFORMANT Henry Eickermann Sr

(Address) Owensville Mo

15. FILED 4-4, 1930 — M. Terrell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-31, 1930, to 3-31, 1930, that I last saw h... alive on 3-31, 1930, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

Ag. 7 mo.

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

CONTRIBUTORY (SECONDARY) Hydramnios

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Infant

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) Joseph W Mills, M. D

3-31, 1930 (Address) Owensville 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: April 2 1930

20. UNDERTAKER W.F. Gottschalter — ADDRESS Owensville 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.