

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **949**)

**Doves Place**

File No. **7131**

Registered No. **1422**

St. .... Ward)

**2. FULL NAME**

**Katherine K. Eichhorn**

(a) Residence. No. .... St. **15** 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 **Female** 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 **Joseph Eichhorn**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **January 25, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
**66 0 9**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **At Home**

(b) General nature of industry, business, or establishment in which employed (or employer) **222**

(c) Name of employer

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

10. NAME OF FATHER **Henry Hantz**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Elizabeth Leib**

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

14. INFORMANT **Joseph Eichhorn**  
(Address) **749 Doves Place**

15. FILED **791-1003** **Mar 2 1931** REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 3, 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan. 16<sup>th</sup>**, 19**31**, to **Feb. 3<sup>rd</sup>**, 19**31**, that I last saw him alive on **Feb. 3<sup>rd</sup>**, 19**31** and that death occurred, on the date stated above, at **1-30 P.M.**

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**Acute Nephritis from a 9519 11B Influenza.**  
(duration) **18** yrs. **18** ds.  
**Cardiac Hypertrophy**  
(duration) **1** yrs. **1** mos. **1** ds.

18. WHERE WAS DISEASE CONTRACTED? **At Home**  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **J. W. Pruett**, M. D.

**Feb 3<sup>rd</sup> 1931** (Address) **6006 Virginia Ave.**

\*State the DISEASE CAUSING DEATH, or in deaths from VALENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Missouri Crematory** DATE OF BURIAL **2/6 1931**

20. UNDERTAKER **C. Hoffmeister & L. Co.** ADDRESS **8 Broadway**

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.

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