

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

Do not use this space.

29921

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003** File No.
 City **St. Louis** (No. **Lutheran Hospital**) Registered No. **8974** St. Ward)

2. FULL NAME

(a) Residence, No. **5011 Frankfort** St. **24** Ward **St. Louis Co. Mo.**
 (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>Katherine Eibert</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 23-1882</i>		
7. AGE	YEARS <i>48</i>	MONTHS <i>11</i>
	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Cabinet Maker</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hungary</i>		
MOTHER	13. NAME <i>George Eibert</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hungary</i>	
	15. MAIDEN NAME <i>Unknown</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hungary</i>		
17. INFORMANT (ADDRESS) <i>Joseph Imby</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mrs. Cemetery</i> DATE <i>Aug 24, 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Wacker, Haldull</i>		
20. FILED <i>8 22 1931</i> Registrar <i>J. W. Kerner</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 21, 1931*

22. I HEREBY CERTIFY That I attended deceased from *No Physician in Attendance* 19..... to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at *3 a.* m.
 The principal cause of death and related causes of importance were as follows:

Shock & Injuries (Fractured skull) struck by auto in St. Louis, Mo. 2:10 PM

Other contributory causes of importance:
Deceased was a pedestrian

Accident

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *Aug 20, 1931*
 Where did injury occur? *St. Louis, Mo. Public Place*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Struck by auto*
 Nature of injury *Fractured skull*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *J. W. Kerner M.D.*
 (Signed) *J. W. Kerner*
 (Address) *Dep. Coroner*

8/22/31

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.

