

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

Do not use this space.
20798

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1170
 ? Township Primary Registration District No. 6248 H
 7 City Richmond Heights, Mary Hop. St. Ward)

2. FULL NAME Joseph Eisenhart
 (a) Residence, No. 4408 W. Flourissant Ave. W. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 43 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
 OCCUPATION 60

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) June 24, 1932 11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME John Eisenhart
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

15. MAIDEN NAME Mary Schneberger
 MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Switzerland

17. INFORMANT (ADDRESS) Chern Eisenhart 1916 Farragut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE June 30, 1932

19. UNDERTAKER (ADDRESS) Schudmeyer & Sons 3924 W. 20 St.

20. FILED June 28, 1932 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930, to June 27, 1932
 I last saw him alive on June 27, 1932 Death is said to have occurred on the date stated above, at 2:50 pm.
 The principal cause of death and related causes of importance were as follows:

<u>59</u>	<u>926</u>	<u>110</u>	<u>59</u>	Date of onset
	<u>Dialysis mellitus</u>			<u>2 yrs.</u>
	<u>Septic</u>			<u>2 days</u>

Other contributory causes of importance:
marked atrophy of pectoral
also myocarditis
pulmonary congestion

Name of operation none Date of
 What test confirmed diagnosis? clinic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? (D) Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Alfred J. Mays, M. D.
 (Address) 2743 Richmond Blvd.

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.

JUL 27 1932

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