

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.

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

Do not use this space.

21271

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.
Primary Registration District No.
(No. 5817 So. West Ave.)

File No.
Registered No. 5827
St. Ward)

2. FULL NAME Edward Eisenhoffer

(a) Residence, No. 5817 So. West Ave. St. 13 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th. 1920

7. AGE YEARS 12 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boy
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) St. Louis Mo.

MOTHER / FATHER 13. NAME Thomas Eisenhoffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Clementina Vallo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Norman Eisenhoffer 5817 So. West Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Paul DATE June 21, 1932

19. UNDERTAKER (ADDRESS) Paul Calabrese 5142 M. Maggert St.

20. FILED UN 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1932, to June 19, 1932. I last saw him alive on June 18, 1932. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:
Acute rheumatic fever
Rheumatic Heart Disease
Date of onset Mar. 1932
Apr. 1932
Other contributory causes of importance:
562

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) T. S. Zehorsky, M. D.
(Address) 536 N. Taylor

Ms. - 210
533 W. Taylor St.