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.

37309-A

File No. 9940

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 1433a Gano Ave. St. ..... Ward)

2. FULL NAME Lucy Eichelberger

(a) Residence, No. 1433a Gano Ave. St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. T. Eichelberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 20, 1861

7. AGE: YEARS 71 | MONTHS 8 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Ill. 2

FATHER
13. NAME: Amos Atkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Aria Anna Job
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Clarence E. Eichelberger, 1433a Gano Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: Nov. 12, 1932

19. UNDERTAKER (ADDRESS): Math. Hermann and Son, 2161 East Fair Ave

20. FILED: NOV 10 1932, 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932, to Nov. 8, 1932
I last saw her alive on Nov. 8, 1932. Death is said to have occurred on the date stated above, at 7:15 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

93C

93C

Other contributory causes of importance:

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

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? No
If so, specify .....
(Signed) F. O. Sturhahn, M. D.
(Address) University Club Bldg.