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.

41769

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1[illegible]

City St. Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 10847

#12420

2. FULL NAME Isaac Eisfelder

(a) Residence, No. 5059 Northland Ward 6
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Maggie Eisfelder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30-1856

7. AGE: YEARS 76 MONTHS 10 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self (Retired)

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 41

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

FATHER

13. NAME E. Eisfelder

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

MOTHER

15. MAIDEN NAME Elizabeth McHese

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

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter Cem DATE Dec 8 1932

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union Blvd

20. FILED DEC -7 1932 19 Max C Harley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st, 1932, to Dec. 6th, 1932

I last saw him alive on Dec. 6th, 1932 Death is said to have occurred on the date stated above, at 2.15 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
51C
93C
[illegible]
57C

Date of onset

Other contributory causes of importance:
Pulmonary Edema
Carcinoma of prostate

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Maurice A. Diehr, M. D.

(Address) City Hospital

Epsfeld