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.

3289

1. PLACE OF DEATH

County ..... Registration District No. 1791

Township ..... Primary Registration District No. 5[illegible]

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

File No. .....

Registered No. 178

2. FULL NAME Anna Eigenbrodt

(a) Residence, No. 3507 California St., 24 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Chas. C. Eigenbrodt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	5	25	

OCCUPATION

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

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) Pleasant Ridge Illinois

FATHER

13. NAME Fred Wille

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

MOTHER

15. MAIDEN NAME Sophie Kraft

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

17. INFORMANT (ADDRESS) Elizabeth Eigenbrodt 3507 California

18. BURIAL, CREMATION, OR REMOVAL

PLACE Our Redeemer Cemetery DATE 1/7 1933

19. UNDERTAKER (ADDRESS) Beiderwieken Funeral Home, Inc 1936 Lincoln Ave

20. FILED JAN -6 1933 19 Max C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from DEC. 14, 1932, to JAN 4th, 1933

I last saw her alive on JAN. 4th, 1933. Death is said to have occurred on the date stated above, at 10 40 P. m.

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

	Date of onset
CHRONIC MYOCARDITIS	1928
93C	
06A	

93C

Other contributory causes of importance:

ACUTE BRONCHITIS	DEC 14 1932

Name of operation X Date of X

What test confirmed diagnosis? X 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? No

If so, specify X

(Signed) Walter E. Frank, M. D.

(Address) 3501 California Ave