

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

Do not use this space.

11920

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1083
City St. Louis (No. City Hospital)

File No.....
Registered No. 3043
St. Ward)

2. FULL NAME

22075 Charles J. Eitz

(a) Residence, No. 4123 Delmar Ward. 19
(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 0 11

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

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

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.

13. NAME Charles Eitz

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

15. MAIDEN NAME Unknown (Singer)

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

17. INFORMANT (ADDRESS) Hospital Informant

18. BURIAL, CREMATION OR REMOVAL PLACE Newickles DATE April 1 1933

19. UNDERTAKER (ADDRESS) Ashton L. W. Co.

20. FILED APR 31 1933 Wm. E. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26th 1933 to Mar. 29th 1933

I last saw him alive on Mar. 29th 1933 Death is said to have occurred on the date stated above, at 10.30 P.M.

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

Date of onset

Cerebral Hemorrhage
Hypertension
Arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Aut. 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.....

(Signed) J. M. Coleman M.D.
(Address) City Hospital

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.

13