

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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 7911
Township Primary Registration District No. 1003
City St. Louis Mo. (No. 2720 Eads)

18167
4622
File No.
Registered No.
St. Ward)

2. FULL NAME

Bertha Eichhorn
(a) Residence, No. 2720 Eads Av. St. 23 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 female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 16

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

MOTHER FATHER 13. NAME August Seibert

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

15. MAIDEN NAME Bertha Wideman

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

17. INFORMANT (ADDRESS) 2720 EADS AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE New S.S. Pst Pauls Co. DATE May 8 1934

19. UNDERTAKER (ADDRESS) E. J. Schurr
312 1/2 Lafayette Av.

20. FILED 7 10 34 19 J. G. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. I HEREBY CERTIFY That I attended deceased from Jan. 9 1934 to May 5 1934
I last saw her alive on May 30 1934 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis ?
930
11:20
Other contributory causes of importance: Senility
Date of onset

Name of operation none 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) E. M. Gidkus, M. D.
(Address) 3012 Lafayette

