

**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. 791 File No. 18558
 Township..... Primary Registration District No. 1003 Registered No. 5001
 City St Louis (No. 1003) St. Ward

2. FULL NAME

(a) Residence, No. 7910 Pennsylvania Ward..... (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 3 26

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

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) St Louis Mo

13. NAME Harry Eichelberger

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

15. MAIDEN NAME Anna Eichelberger

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

17. INFORMANT Harold Eichelberger (ADDRESS) 1117 City St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive Cem DATE May 19 1934

19. UNDERTAKER C. Hoffmister U.L.C. (ADDRESS) 7500 Broadway

20. FILED 18 1934 J. S. Redick Registrar.

P MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1934, to 5/15, 1934. I last saw him alive on 5/15, 1934. Death is said

to have occurred on the date stated above, at 2:40 p.m.

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

Arterio-sclerotic Heart Disease Date of onset —
Chronic Myocarditis

Other contributory causes of importance:

23. If death was due to external causes (violence), fill in also the following:

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.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. S. Redick M.D.

(Address) City St

Registrar.

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

