

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.

OCT 11 1934

31453

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis. (No. 4226 Natural Bridge Ave. St. .... Ward)

File No. ....  
Registered No. 2779  
St. .... Ward)

**2. FULL NAME** Joseph Eichholz

(a) Residence, No. 4226 Natural Bridge Ave. St. 10 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kunigunde Eichholz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11, 1848</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Stock dealer</u>
	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) Baden, Germany  
(STATE OR COUNTRY)

13. NAME Anton Eichholz

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

15. MAIDEN NAME Mr. Beyer

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

17. INFORMANT Mrs. Katie Schmidt  
(ADDRESS) 5307 Minnesota

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Friedens Cem. DATE Sept. 3, 1934

19. UNDERTAKER Wm. J. Schumacher  
(ADDRESS) 4834 Natural Bridge Ave.

20. FILED P-1 153 19 34  
Jos. F. Brudeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1934  
22. HEREBY CERTIFY, That I attended deceased from July 24, 1934 to Aug 30, 1934  
I last saw him alive on Aug 30, 1934 Death is said to have occurred on the date stated above, at 9:50p.m.  
The principal cause of death and related causes of importance were as follows:

Hypo-static Bronchus  
Pneumonia  
Chronic Myocarditis  
Myocarditis  
Myocarditis  
Date of onset 8/20/34

Name of operation none Date of none  
What test confirmed diagnosis Asphyxia Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none, 19 34  
Where did injury occur? none  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
none

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Chas. P. Mackey, M. D.  
(Signed) Chas. P. Mackey  
(Address) 3903 K.A. Dr.

