

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

Do not use this space.

1. PLACE OF DEATH **FEB 5 1935**

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Hospital**)

File No. **3163**

Registered No. **455**

St.

Ward)

2. FULL NAME **Fred Eisenbach**

(a) Residence, No. **5828 Goener Ave** St. **✓** 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 Male	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 Higgie Eisenbach		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1861		
7. AGE	YEARS	MONTHS
	73	10
		DAYS
		26
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter		11. Total time (years) spent in this occupation
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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	13. NAME Anton Eisenbach
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Unknown
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
	17. INFORMANT Higgie Eisenbach (ADDRESS) 5828 Goener
	18. BURIAL, CREMATION, OR REMOVAL PLACE Shirley Bunde DATE 1-14 19 35
	19. UNDERTAKER Georg Hoffmeister (ADDRESS) 4016 Dupuy
20. FILED 1/11/35 13 19 35 J.P. Predeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-10-1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **8:20 P.** m.

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

Death due to compound fracture of right femur, recd. when struck by auto (Victim's)

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? **yes**

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

Accident, suicide, or homicide? **Accident** Date of injury **11/27, 1934**

Where did injury occur? **St. Louis Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place.

Manner of injury **Public Place**

Nature of injury **Hit by auto**

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

If so, specify

(Sign) **Harold P. Kelly**, M.D.

(Address) **Dep. Gen. J.**

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.

