

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

Do not use this space.

SEP 16 1935

27672

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. City Infirmary)

File No.....
Registered No. **6716**
St. Ward)

2. FULL NAME

Arthur Eidman
(a) Residence, No. 3307 North 19th St. Ward. 26

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mabel Eidman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7, 1876</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>odd jobs</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1930, to Aug 5, 1935
I last saw him alive on Aug 5, 1935. Death is said to have occurred on the date stated above, at 7:40 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Tuberc. 19 granalis
Charcot spine

80

Name of operation none Date of no
What test confirmed diagnosis? Chemical 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) Henry J. Ubrich, M. D.
(Address) 5600 Arsenal St.

OCCUPATION

FATHER

MOTHER

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

13. NAME Fred Eidman

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

15. MAIDEN NAME Kate Unknown

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

17. INFORMANT J. J. Sullivan
(ADDRESS) 25800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Griedens DATE 8/8/35

19. UNDERTAKER Math. Hermann Son
(ADDRESS) 2161 C. Fall Ave.

20. FILED 116 - 6 1935
J. J. Bredeck
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.

