

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

Do not use this space.

SEP 16 1935

28103

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **Page 1003**
 City **St. Louis Mo.** (No. **3939**) (Page **1003**) St. Ward)

2. FULL NAME

Arthur W. Eisenmayer

(a) Residence, No. **3939 Page Ave.** St., **11** Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 **Matilda Eisenmayer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 25, 1864.**

7. AGE YEARS **71.** MONTHS **5.** DAYS **28.** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Coal dealer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Self.**
 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) **Mascoutah Ill.**

MOTHER 13. NAME **Gro. C. Eisenmayer**

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

15. MAIDEN NAME **(Unknown) Emig**

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

17. INFORMANT **Matilda Eisenmayer**
 (ADDRESS) **3939 Page Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **Aug 26, 1935**

19. UNDERTAKER **Edith E. Emburster**
 (ADDRESS) **4734 Manchester Av.**

20. FILED **AUG 26 1935** 19. **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 23, 1935**

22. I HEREBY CERTIFY, That I attended/deceased from **8/12/35**, 19... to **8/23/35**, 19...
 I last saw him alive on **8/20/35**, 19... Death is said to have occurred on the date stated above, at **9 a.** m.

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

Chronic Nephritis (interstitial)
131
 Other contributory causes of importance: **Chronic Myocarditis**

Name of operation..... **None** Date of.....
 What test confirmed diagnosis? **Lab** 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) **Edmund E. Emburster**, M. D.
 (Address) **1400 N. Grand St.**

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.

Barry
1400 N. Grand