

JAN 23 1935

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

Do not use this space.

41653

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis Mo.* (No. *Lutheran Hoapl*)..... St. *10897* Ward

2. FULL NAME *Otto Eick*

(a) Residence, No. *1 General Grant Lane*, St. *N.R.* Ward. *Webster Groves Mo.*
(Usual place of abode) (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>unknown</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 7-1853</i>		
7. AGE	YEARS <i>82</i>	MONTHS <i>0</i>
	DAYS <i>16</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>President</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Otto Eick Inc.</i>	
	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) <i>Germany</i>		
FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Otto Eick</i> (ADDRESS) <i>394 - Brigham Court</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Funeral Home</i> DATE <i>Dec. 26 1935</i>		
19. UNDERTAKER <i>Ziegler Bros</i> (ADDRESS) <i>726 1/2 Cherokee St.</i>		
20. FILED <i>24 1935</i> 19 <i>Jt Bredeck</i> REG. REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Feb 1 - 1935* to *Dec 23 - 1935*.
I last saw him alive on *Dec 23 - 1935*. Death is said to have occurred on the date stated above, at *6:40 a.m.*
The principal cause of death and related causes of importance were as follows:
Carcinoma of Rectum
Metastasis to Skin and Liver
Date of onset *2/1/35*

Other contributory causes of importance:
Hypertensive Cardiomyopathy

Name of operation *Colostomy* Date of *6/12/35*
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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *Thro. H. Hansen per* M. D.
(Signed) *C.E. Stuedel*
(Address) *3681 Grand St.*

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.

