

Dr. Lake

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

Do not use this space.

FEB 19 1936

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1. PLACE OF DEATHCounty ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson

(No. _____, _____ St. _____ Ward)

File No. _____

Registered No. 17**2. FULL NAME** Mrs. Frieda Louise Eichman

(a) Residence, No. _____ St. _____ Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Eichman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-31-1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>7</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Washington, Missouri
(STATE OR COUNTRY)13. NAME Arnold Godt14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Louise Stumpe16. BIRTHPLACE (CITY OR TOWN) Franklin County, Mo
(STATE OR COUNTRY)17. INFORMANT William H. Eichman
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Jan-21--- 1919. UNDERTAKER George G. Gordon
(ADDRESS) Jefferson City, Mo20. FILED 1936 1936 1936
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19-193622. I HEREBY CERTIFY, That I attended deceased from December 24, 1935, to Jan 19, 1936I last saw her alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Date of onset

Aortic insufficiency

Other contributory causes of importance:

Acute Nephritis

Name of operation _____ Date of _____

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.

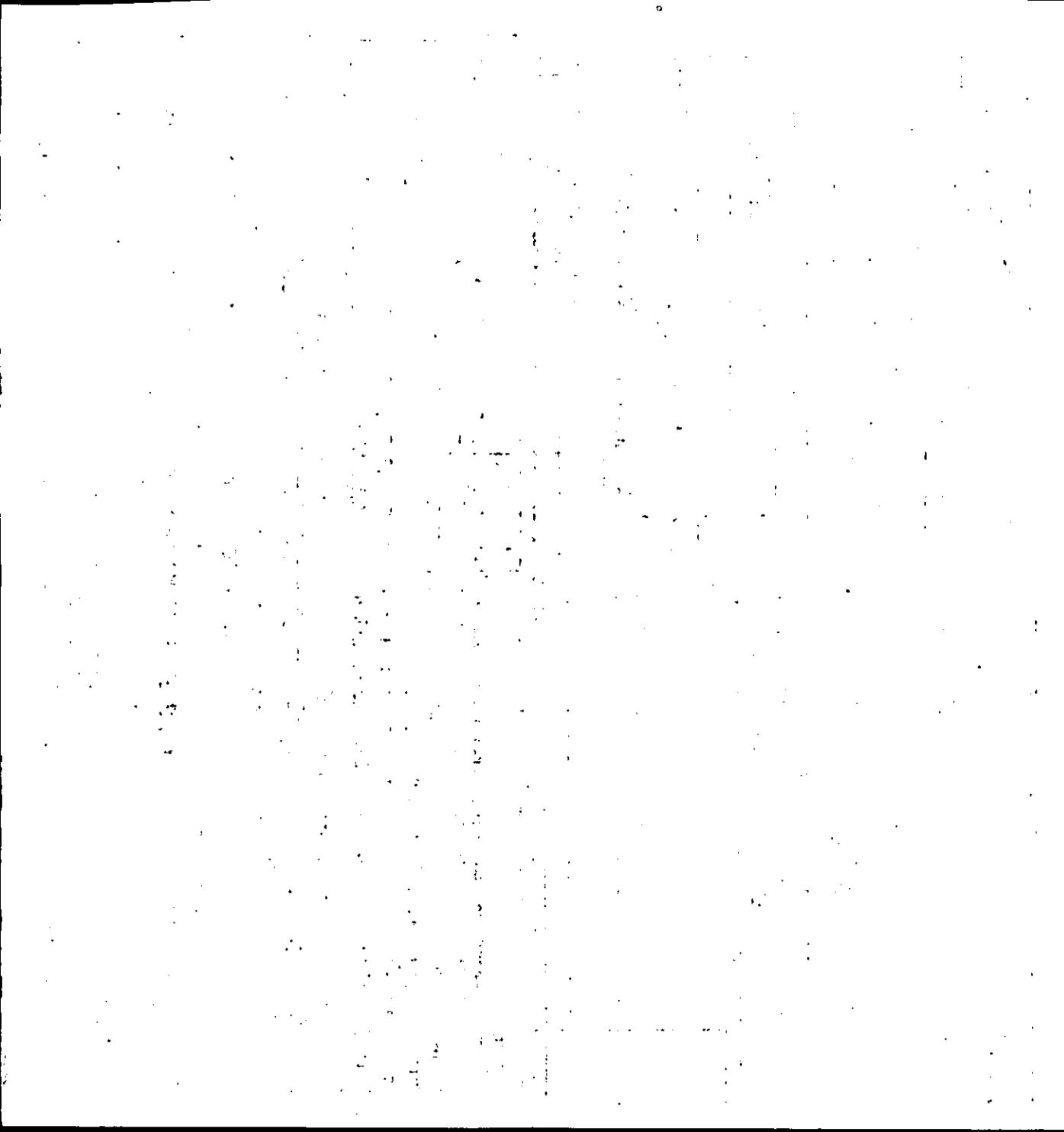
Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Leon B. Lake D.O.(Address) Jeff. City, Mo



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