

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.

MISSOURI STATE BOARD OF HEALTH

FEB 23 1936

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

4316

1. PLACE OF DEATH

County Warren  
Township Charrelle  
City..... (No.....)..... St. .... Ward)

Registration District No. 884  
Primary Registration District No. 5176

File No.....  
Registered No. 2

2. FULL NAME Fredrick W Eickmeyer

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilhelmina Eickmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25 1859</u>		
7. AGE <u>76</u>	YEARS <u>6</u>	MONTHS <u>4</u>
		DAYS <u>4</u>
		If LESS than 1 day, .... hrs. .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>carpenter</u>	
	10. Date deceased last worked at this occupation (month and year).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marthasville, Mo</u>		
FATHER	13. NAME <u>Henry Conrad Eickmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Christine Klusmeyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Gloria Wegmeyer, Marthasville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marthasville Ep. Feb 1 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Fred W. Richter, Marthasville, Mo</u>		
20. FILED <u>Jan 30 1936</u> <u>H. C. Johnson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1936

22. I HEREBY CERTIFY That I attended deceased from May 10 1935 to Jan 28 1936

I last saw him alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 12:19 pm.

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

Chc. meningitis  
Retention nephritis  
Uremia  
Septic State Pneumonia

Other contributory causes of importance.....

Name of operation..... Date of.....

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) J. H. Schuch, M. D.  
(Address) Marthasville, Mo

Date of onset  
2 years  
5 days  
1 day

