MAR 12 1936

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

Do not use this space.

7800

File No. 1464

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4159 Magnolia Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frank E. Eichler

(a) Residence, No. 4159 Magnolia Ave. St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Eichler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~78~~ 74	6	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Modern Miller Co.

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) St. Joseph Mo.

FATHER

13. NAME Conrad Eichler

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

MOTHER

15. MAIDEN NAME Unknown Geyer

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

17. INFORMANT Mrs. Josephine Eichler
(ADDRESS) 4159 Magnolia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 2-10 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED FEB 10 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1936, to Feb 7 1936

I last saw him alive on Feb 7 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Coronary Thrombosis	2/6/36
9 H P	

Other contributory causes of importance:

Arterio-Sclerosis	1935

Name of operation Date of

What test confirmed diagnosis? Clinical 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) Edw. Pohlmann, M. D.

(Address) 2824 Pine

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.

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