

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.

JUN 26 1936

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

Do not use this space.

21562

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondalet Primary Registration District No. 6248 B
City S (N.R.D. Jefferson Bks. Mo.) St. _____ Ward _____

File No. _____
Registered No. 182

2. FULL NAME Fred Eikmann

(a) Residence, No. Route #8 Mehlville, Mo. 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 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 Paulina			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 st. 1844			
7. AGE YEARS 91	MONTHS 6	DAYS 8	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired		
	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) Bremen Germany			
FATHER	13. NAME Unknown		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
MOTHER	15. MAIDEN NAME Unknown		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) <u>Narry Eikmann RFD #8 Jefferson Bks. Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old St. Johns Cem May 11 1936</u>			
19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>			
20. FILED <u>May 10 1936</u> <u>J. Moursy</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9**, 19 **36**

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930, to May 9, 1936
I last saw him alive on May 8, 1936 Death is said to have occurred on the date stated above, at 3.20 a.m.

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

Chronic Interstitial nephritis not known

Other contributory causes of importance:
Lobar Pneumonia

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) Waldor Hill _____ M. D.
(Address) Jeff Bks R 8 Mo

Will

1910

1. I, the undersigned, do hereby certify that the following is a true and correct copy of the original as the same appears in the records of the Board of Health of the City of New York.

2. I further certify that the same is a true and correct copy of the original as the same appears in the records of the Board of Health of the City of New York.

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