

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

Do not use this space.

OCT 5 1936

791
1008

36014

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis

(No. 2111 Forest Ave.)

File No.

Registered No. 9638

St. Ward)

2. FULL NAME Walter G. Eichenberger

(a) Residence, No. 2111 Forest Ave. St., 4 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Dorothy Eichenberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 4 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Public Schools
10. Date deceased last worked at this occupation (month and year) 3 yrs. Ago 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Theodore Eichenberger

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

MOTHER 15. MAIDEN NAME Pauline Hilse

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

17. INFORMANT Dorothy Eichenberger (ADDRESS) 2111 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem DATE 9-23, 1936

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

20. FILE SEP 22 1936 JT Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to Sept 20, 1936. I last saw him alive on Sept. 14, 1936. Death is said to have occurred on the date stated above, at 4 P.M.

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

Paraplegia with bed sores of Spinal Cord Date of onset about July 1933

Other contributory causes of importance: Intramedullary tumor of spinal cord (Malignant)

Name of operation Tumor removed. Date of July 29-1933

What test confirmed diagnosis? 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) R. Brent Murphy, M. D.

(Address) 6120 Victoria Ave

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.

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Dr. R. Brent Murphy

Victoria Ave. 1 to 3