

NOV 4 1936

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

39038

1. PLACE OF DEATH

 County.....
 Township.....
 City..... **ST. LOUIS MO.** (No. **4454 KENNETH PL.**)

 Registration District No. **791**
 Primary Registration District No. **1003**

 File No. **10064**
 Registered No. **10064**
2. FULL NAME **ADDOLPH G. EICHHORN.**
 (a) Residence, No. **4454 KENNETH PLACE**, St. **7** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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) **WIDOWER.**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ELIZABETH EICHHORN.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11/3/1868/**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 1

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

 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) **GERMANY/PRUSSIA**13. NAME **JOHANNES EICHHORN.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY.**15. MAIDEN NAME **FREDERICKA** -----16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DO NOT KNOW.**17. INFORMANT (ADDRESS) **Walter Eichhorn 4454 KENNETH PLACE.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETERS CEM.** DATE **10/7/36** 19.

 19. UNDERTAKER (ADDRESS) **Funeral Home Co. 5110 S. GRAND BIV'D.**
20. FILED **OCT 5 1936** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/4/36/** 1922. I HEREBY CERTIFY, That I attended deceased from **9-26**, 19**36** **10-4**, 19**36**I last saw him alive on **10-4**, 19**36** Death is said to have occurred on the date stated above, at **9:47** a.m.

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

Carcinoma of Date of onset**thyroid****chronic****bronchitis****Other contributory causes of importance:****Arteriosclerosis**Name of operation **None** Date of.....What test confirmed diagnosis? **Physic** Was there an autopsy? **No**

23. If death was due to external cause (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 **None** (Signed) **R. M. Ewale**, M. D. (Address) **4256 Thorne**

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.

