

JAN 10 1937

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

Do not use this space.

46232

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 4564 N. Market)

Registration District No. 791
Primary Registration District No. 1008

File No. 12016
Registered No.
St. Ward)

2. FULL NAME Francis X. Eisenhower

(a) Residence, No. 4564 N. Market St., 11 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 21 - 1882</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Basket Maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wegel Casket Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5th 1926

22. I HEREBY CERTIFY, That Francis X. Eisenhower attended deceased from July 8th 1936, to Dec 5th 1936, 1936
I last saw him alive on Nov 30, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
810
Date of onset unable to say

Other contributory causes of importance:
Progressive Neural Muscular atrophy non Syphilitic to non B Cause Unknown
Date of onset unable to say

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? No
If so, specify.....
(Signed) Peter Beck..... M. D.
(Address) 4701 St. Louis Ave.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ill.

13. NAME John Eisenhower

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

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ill.

17. INFORMANT John Eisenhower
(ADDRESS) 4564 N. Market

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec 9 1926

19. UNDERTAKER Thromsburg Ind Co
(ADDRESS) 4740 W. Frankfort

20. FILED DEC 7 1936
J. Bredeck
Registrar.

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.

16-1-20-36
X704

Mr. J. E. R.
4701 St. Louis Ave