

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital)

File No. 8226
Registered No. 1675
St. Ward)

2. FULL NAME John Adam Eiermann

(a) Residence, No. 320 N 3rd St. 25 Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
13. NAME Unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. John H Eiermann
(ADDRESS) 6106 Idaho Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Methodist DATE Feb 9 1937

19. UNDERTAKER Ed Kron & Co
(ADDRESS) 2707 N Grand Blvd

20. FILE NO. FEB 8 - 1937 Registrar JT Breder

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4⁴⁵ a.m.

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

Pulmonary Edema
Date of onset

Other contributory causes of importance:

Fracture of Neck of Left Femur due to fall of step on front of home #322 N. 3rd St. about 8:30 P. M. Jan 24, 1937
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? Accident Date of injury 4-7-37 1937

Where did injury occur? # 322 N. 3rd St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury.....

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Wm J. Cobley, M. D.

(Address)

