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.

OCT 14 1937

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

32381
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8435

(c) City St. Louis, Mo. (d) Street No. Missouri Baptist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Eynatten,

(a) Residence, No. 3227 Texas Av. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female,
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: William A. Eynatten,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 18th 1880

7. AGE: 35

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife,
9. Industry or business in which work was done, as saw mill, bank, etc.
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): St. Louis, Missouri.

FATHER

13. NAME: Andrew Linenstahl,
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): William A. Eynatten, 3227 Texas Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus Cem. DATE Sept. 9th 1937

19. FUNERAL DIRECTOR (ADDRESS): Ziegenhein Bros 2621-23 Cherokee St.

20. FILED SEP 7 1937 19 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1937, to Sept 6, 1937
I last saw her alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 1.30 m. P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Basilar)

Date of onset

Other contributory causes of importance:

Myocarditis, Chr.

Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Thomas C. N. John, M. D.
(Address) Metropolitan Bldg St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)