

OCT 14 1937

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

32916
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 8970
(c) City St. Louis (d) Street No. BARNES HOSPITAL St.
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Belleville Illinois St. M.A. Dellerick, Ill
(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 Francis Eichenseer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1908

7. AGE YEARS 29 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Red Bud Ill.

13. NAME William Ziebold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manroe City Ill.

15. MAIDEN NAME Dorothea Bahken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Hill Ill.

17. INFORMANT (ADDRESS) F. Eichenseer
Richard Drive, Belleville Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. DATE 9-27-37, 1937

19. FUNERAL DIRECTOR (ADDRESS) Oscar J. Hoffmeister
4016 Chippewa

20. FILED SEP 20 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-2-37, 1937, to 9-24-37, 1937
I last saw h. E.R. alive on 9-24-37, 1937 Death is said to have occurred on the date stated above, at 6:05 a.m.
The principal cause of death and related causes of importance were as follows:

lung abscess, Rigors
Staphylococci + strep -
Other contributory causes of importance:
puerperal "intestinal m -
Paratyph.

Name of operation leucostomy Date of 9/20/37
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) F. P. Bradley BARNES HOSPITAL, M. D.
(Address)

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.

8222579

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Lebing, Licensed Embalmer No. 3888
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 Edwin H. Lebing
Licensed Embalmer No. 3888

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