

FEB 12 1938

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

Do not use this space.

896

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3817 Lee Ave.**) St. Ward)

File No.
Registered No. **752**

2. FULL NAME **Zella Eichor 260**

(a) Residence, No. **3817 Lee Ave.** St. **1D** 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 **Female** 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) **Sept. 15, 1898**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 4 6

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

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Texas**

13. NAME **James Eichor**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Gertrude Witherspoon**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

17. INFORMANT **Miss J. Eichor** (ADDRESS) **3817 Lee Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park Cem.** DATE **Jan. 24th 1938**

19. UNDERTAKER **Drehmann Funeral** (ADDRESS) **1905 Union Blvd.**

20. FILED **JAN 22 1938** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 21st 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10**, 1938, to **Jan 21**, 1938

I last saw her alive on **Jan 21**, 1938 Death is said to have occurred on the date stated above, at **12:40** a.m.

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

Lobar Pneumonia
108
chr. myocardi

Date of onset

Other contributory causes of importance:

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?.....

If so, specify **Dr. Joseph Hill**, M. D.

(Signed) **J. C. G. Herbert** (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.

I hereby certify that
I have embalmed the
remains.

Warren Curve
3534