

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

19864
 Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **3845 Greer** 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 **Fred Eickhoff**

(a) Residence, No. **3845 Greer Ave** St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 30 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **May 10 1938** to **May 30 1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 5, 1852**

I last saw him alive on **May 28 1938**. Death is said to have occurred on the date stated above, at **5:30 p. m.**

7. AGE YEARS **86** MONTHS **1** DAYS **25** If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
 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

Regenerative Myocarditis
Senility
 Date of onset: _____
 Other contributory causes of importance: _____

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

FATHER 13. NAME **not known**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **not known**

MOTHER 15. MAIDEN NAME **Not known**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Mrs. Margaret Eickhoff**
3845 Greer Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **June 2 1938**

19. FUNERAL DIRECTOR (ADDRESS) **A. J. Brown & Co.**
2707 North Grand St.

20. FILED **JUN 1 1938** **J. D. Buehler** Local Registrar.

Name of operation **Clinical** 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) **Reveron C. Perkins**, M. D.
 (Address) **3903 Lee Ave**

STATEMENT BY LICENSED EMBALMER

I, Paul Havelberg....., Licensed Embalmer No. 2631

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

I, E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Paul Havelberg
Licensed Embalmer No. 2631

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