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

23321

Do not use this space.

791

1. PLACE OF DEATH
(a) County REC'D AUG 12 1938 Registration District No. 1003 Registered No. 6015
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. St. Anthony's 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 Julia A. Eichtenmeyer 235
(a) Residence, No. 3807 Hunphrey St St. 16
(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): Widow

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

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

7. AGE: About 80 YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: At Home
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): Missouri

FATHER
13. NAME: John Uller 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: ??? Philmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Lillian Lehnbueter, 3724 Arkansas St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter and Paul DATE July 6 1938, 19

19. FUNERAL DIRECTOR (ADDRESS): Peetz Brothers, 3029 Lafayette Ave

20. FILED JUL 5 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1938, to July 3, 1938
I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 6:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	3 wks.
Emobolism	1 da.

Other contributory causes of importance:

Fracture of Humerus	5 wks.
"Left Arm"	

Name of operation: Immobilization Date of May 30 '38
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/30, 1938
Where did injury occur? At her home in St. Louis
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury: Fell on floor
Nature of injury: Fractured Left Humerus

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Julius Chas Rotter, M. D.
(Address) 2603 Cherokee St

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

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.)