

15 SEP 12 1938

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

1008

27468
Do not use this space.

1. PLACE OF DEATH

- (a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **7482**
(c) City St. Louis, Mo. (d) Street No. 3834 Lee Ave. 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 2 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gilbert Eikermann

- (a) Residence, No. St. **MP** Herman, Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lorraine Eikermann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28/1911.</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>10</u>	DAYS <u>23</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>		
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) <u>May, 1938.</u>		
11. Total time (years) spent in this occupation <u>4 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stolke Missouri</u>		
13. NAME <u>August Eikermann</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pershing, Missouri.</u>		
15. MAIDEN NAME <u>Mathilda Oetterer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri.</u>		
17. INFORMANT (ADDRESS) <u>William Kavanaugh 3834 Lee Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herman, Missouri</u> DATE <u>Aug. 24/1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Albert H. Hoppe, Inc. 429 N. Euclid Ave.</u>		
20. FILED <u>AUG 23 1938</u> <u>J. P. Breider</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20/1938.

22. I HEREBY CERTIFY, That I attended deceased from AUG 10, 1938, to AUG 21, 1938.
I last saw him alive on Aug 3/1938, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

AC. MYELOID LEUKEMIA
Date of onset MAR 38

Other contributory causes of importance:

SECONDARY ANEMIA
Date of onset MAR 38

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
(Signed) Francis J. Hoppe M. D.
(Address) 411 N. Bluff

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 114223

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.