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.

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

Do not use this space.

DEC 1 1938

1. PLACE OF DEATH

County Montgomery 2 Registration District No. 594 File No. 39859

Township Louisa Primary Registration District No. ~~4352~~ 5788R Registered No. 14

City (No. , St. Ward)

2. FULL NAME 436 Still born Eldringhoff

(a) Residence, No. Rhineland, Mo. R.F.D. St., Ward.
(Usual place of abode) (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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1938

7. AGE YEARS 00 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, 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) Rhineland Mo

FATHER
13. NAME George Eldringhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland Mo

MOTHER
15. MAIDEN NAME Caroline Eikel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Americus Mo

17. INFORMANT (ADDRESS) Geo Eldringhoff Rhineland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph Cemtry DATE Nov 29 1938

19. UNDERTAKER (ADDRESS) Kottmeyer & Co Rhineland Mo

20. FILED 11-29, 1938 Nana Lee Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from at Birth, 19, to —, 19

I last saw h— alive on —, 19 Death is said to have occurred on the date stated above, at — m.

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

	Date of onset
Asphyxiated	

Other contributory causes of importance:

Version

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) O. R. Rauschelbach, M. D.

(Address) Rhineland Mo

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