

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

682  
Do not use this space.

REC'D FEB 10 1939

1. PLACE OF DEATH ..... 2 Registration District No. 1008  
 (a) County ..... Primary Registration District No. .... Registered No. 682  
 (b) Township .....  
 (c) City St. Louis, (d) Street No. 4321 Itaska St. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Dilla Eichenberger  
 (a) Residence, No. 4321 Itaska St. St. 15 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22, 1869.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Fannie Robinson  
 (ADDRESS) 4321 Itaska St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt. Olive Cem. DATE Jan. 24, 1939

19. FUNERAL DIRECTOR (NAME) J. H. Hadden & Co.  
 (ADDRESS) 2842 Meramec St.

20. FILED J. B. Bredek  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 28th 1938 to January 21st, 1939  
 I last saw h. ex. alive on January 16th, 1939. Death is said to have occurred on the date stated above, at 5:00 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Rheumatic Myocarditis  
536  
 Other contributory causes of importance left  
Arteriosclerosis of a. bit. Primary 1934  
metastatic carcinoma of entire brain and bones of skull

Name of operation None Date of .....

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? ..... 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 WALTER T. GUNN M.D.  
 (Signed) Walter T. Gunn, M. D.  
 (Address) 5065 A Brown Ave

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.

JAN 23 1939

**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 Herman A. Gebker

Licensed Embalmer No. 2120  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

**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.**