

WRITE IN EARLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17 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.

Registration District No. 784 Primary Registration District No. 104 Registrar's No. 1818

1. PLACE OF DEATH St Louis
(a) County St Louis
(b) City or town Ferguson
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 Mo years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town Ferguson
Newell W. Walters Ave
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Daniel Einig
8. (b) If veteran, name war None 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 15th year 1939 hour _____ minute 5³⁰ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sussie 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 10 1878 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-10-1939 to 10-15-1939 that I last saw him alive on 10-15-1939 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Coronary Arteriosclerosis
Due to _____
Due to Arteriosclerosis 1938
Other conditions _____ (Include pregnancy if within 3 months of death)

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Steel Packing Co
12. Name Daniel Einig
13. Birthplace Germany
14. Maiden name Mary Ethel
15. Birthplace Germany (City, town, or county) (State or foreign country)

Major findings: Of operations 131
Of autopsy None
PHYSICIAN _____ Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Bryanna Einig
(b) Address 712 Clara Ave. St Louis Mo.
17. (a) Burial (b) Date thereof Oct 17 1939 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus with Bros S & Co
18. (a) Signature of funeral director _____
(b) Address 2929 So Jefferson Ave
19. (a) OCT 17 1939 (b) W. W. Meyer (Date received local health officer's certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

Signature Woy Johnson (M. D. or other) _____
Address Ferguson Mo Date signed 10-16-39

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.....

Licensed Embalmer No.....

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.