

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

STANDARD CERTIFICATE OF DEATH

Registration District No. 781 Primary Registration District No. _____

1. PLACE OF DEATH: 1008
(a) County _____ 3
(b) City or town St. Louis
(c) Name of hospital or institution: En route to City Hosp. in Amb.
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 1502 Herder
(e) If foreign born, how long in U. S. A.? 60 years

3. (a) PRINT FULL NAME Barbara Eisenbach 25/
8. (b) If veteran, name war Nil 8. (c) Social Security No. Nil

MEDICAL CERTIFICATION
no attending physician
20. DATE OF DEATH: Month Jan day 4th
year 1940 hour 10 minute 50 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wendell Eisenbach
6. (c) Age of husband or wife if alive Nil years
7. Birth date of deceased Jan. 6 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis; *Duration*
Chronic Interstitial Nephritis.

8. AGE: Years Months Days If less than one day
67 11 28 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Conrad Eggle

13. Birthplace Switzerland (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Eisenbach

(b) Address 1502 Herder St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Wendell Eisenbach

(b) Address 3934 N. 22 St.

19. (a) JAN 8 1940 (Date received local registrar)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

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 _____

23. Signature Deputy Registrar (Mr. S. or other) _____

Address _____ Date signed _____

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

Frank A. Moore

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Main

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.