DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4946

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1776

1. PLACE OF DEATH:

(a) County —

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1722 So. Jefferson Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 1722 S. Jefferson Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dr. Christian H. Eyermann

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Blanche Eyermann

6. (c) Age of ~~husband or~~ wife if alive 60 years

7. Birth date of deceased Sept (Month) 28 (Day) 1856 (Year)

8. AGE: Years 83 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Volkmansdorf bei Schleiz (City, town, or county) Germany (State or foreign country)

10. Usual occupation Doctor of Medicine

11. Industry or business

FATHER
12. Name Henry Eyermann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Thiersch
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Ruby Blanch Eyermann

(b) Address 1722 S. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Pete Ohnlick

(b) Address 1716 S. Jeff.

19. (a) FEB 21 1940 (Date received local registrar) (b) J. Ohnlick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 18 year 1940 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from , 1920, to 4/18, 1940 that I last saw h alive on 2/16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio Sclerosis General	10 yrs
Due to Diabetes Mellitus	10 yrs
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. Y. Eyermann (M. D. or other)

Address 634 N. Grand Date signed 2/20/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMANENT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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 B. W. Finn

Licensed Embalmer No. 1591

P. O. Address 4106 9 Botanica

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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