

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12845**
Registrar's No. **3275**

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4742a St. Louis 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)

3. (a) PRINT FULL NAME **John William Eickmeyer**
3. (b) If veteran, name war..... **none**
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 **Minnie Eickmeyer**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **August 14th, 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 **8** **1** ..hr. ..min.

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

10. Usual occupation **R.R. Car Maintenance**

11. Industry or business **Retired**

12. Name **Casper Eickmeyer**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Minnie Eickmeyer**

(b) Address **4742a St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **4-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bunker Hill, Ills.**

18. (a) Signature of funeral director **Drehmann Harral**

(b) Address **1905 Union Bldg.**

19. (a) **APR 15 1941** (b) **J. J. Redueh**
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **4742a St. Louis Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **15th**
year **1941** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **4-5-40**
19..... to **4-15-41** 19.....
that I last saw him alive on **4-14-41** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis**

Due to **general arteriosclerosis**

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?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Heaven** (M.D. or other) **M.D.**
Address **5074 N. Union** Date signed **4-15-41**

5074720 Union

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

Warren A. Carver

Licensed Embalmer No. *3534*

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, fact should be so stated above.