

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16342

State File No. _____
3860

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. _____

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:
1060 Hornsby St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 817
(d) Street No. 1060 Hornsby St
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Catherine Elizebeth Eisenbach
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4
year 1941 hour 9 minutes P. M.
21. I hereby certify that I attended the deceased from April 26
19 to May 4 1941
that I last saw him alive on May 3 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Eisenbach 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Aug. 15 1869
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Due to Atherosclerosis
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.

8. AGE: Years Months Days If less than one day
71 8 19 _____ hr. _____ min.

9. Birthplace St Louis (City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business _____
12. Name Un Known Keating
13. Birthplace St Louis (City, town, or county) (State or foreign country)
14. Maiden name Unknown Seward
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Oliver Maxwell
(b) Address 1060 Hornsby St.

17. (a) Cremation (b) Date thereof May 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 8319 Valley View Rd.
19. (a) May 6 1941 (b) J. B. [Signature]
(Date of local registrar) (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 ()
23. Signature E. Cameron (M. D. or other) _____
Address 3870 Easton Date signed _____

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

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.....

Guy W. Wilkins

Licensed Embalmer No.....

3575

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.