

S. No. 2
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PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23669

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No.

State File No.

Registrar's No. 6011

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 Month 1 Day
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Minnie Eyermann

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife..... William Eyermann

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

7. Birth date of deceased. September 19 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>3</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Karl Hampe

13. Birthplace Germany - 4
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Rudolph

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Bischoff

(b) Address 2117 Lynch-St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 24, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2929 So. Jefferson, St. Louis, Mo.

19. (a) JUL 23 1941 (Date of final registration)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 2117 Lynch Street
(If rural, give location)

(e) No Attending Physicians
If foreign born, how long in U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1941 hour 4:30 minute A.M.

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.....

Inter trochanteric Fracture of Right Femur. Arteriosclerosis. Suffered when deceased stumbled and fell over the bench. She was moving in the stand in the rear of her home 2117 Lynch St.

Other conditions..... (Specify pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) Accident

(b) Date of occurrence June 21 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work?.....

23. Signature Thomas J. Allans (M.D. or other)
Address Deputy coroner Date signed [Signature]

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.....

Paul A. Shanklin

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul A. Shanklin

Licensed Embalmer No.....

P. O. Address.....

3472
29798 Jefferson

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.