

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

239

10408

FILED FEB 24 1941

1003

Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G. Phillips Hospital (1)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 In this community Unknown
 years, months or days

3. (a) PRINT FULL NAME

William Eischman

3. (b) If veteran, name war

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Col
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Bessie Eischman
 6. (c) Age of husband or wife if alive: 57 years
 7. Birth date of deceased: abt 1882
 (Month) (Day) (Year)

8. AGE: Years abt 59 Months Days If less than one day
 hr. min.

9. Birthplace: Vicksburg, Miss
 (City, town, or county) (State or foreign country)

10. Usual occupation: Fireman

11. Industry or business: Steam Boat

12. Name: Jerry Eischman
 13. Birthplace: Miss
 (City, town, or county) (State or foreign country)

14. Maiden name: Unknown
 15. Birthplace: Miss
 (City, town, or county) (State or foreign country)

16. (a) Informant: Bessie Eischman

(b) Address: 907 N 15th St.
 17. (a) Burial (b) Date thereof: 12-31-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: McDowell
 (b) Address: 1711 N Taylor Av

19. (a) 20 1941 (b) J. F. Bredeen
 (Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. 907 Franklin N, 15th St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23, 1941
 year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 15
1941 to December 23, 1941
 that I last saw him alive on December 23, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
 Duration: 3 days

Due to

Due to

Other conditions: 108
 (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: J. F. Bredeen (M. D. or other)

Address: 2600 Whittier Date signed: 12/29/41

844 (Licensed Embalmer's Statement on Reverse Side)

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

000
17
9

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

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.