

FILED FEB 24 1942

Registration District No. _____ Primary Registration District No. 100

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 0
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 4252a Manchester
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Eynck

(b) If veteran, name war _____

(c) Social Security No. Nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 6:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female

5. Color or race White

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

(b) Name of husband or wife Florenz Eynck

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 10, 1860
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Subdural hemorrhage of the Brain; Duration _____
when she was struck by a Public Service Streetcar

8. AGE: Years Months Days If less than one day

81	0	24	hr. _____ min. _____
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Due to Fracture of Skull; Subdural hemorrhage of the Brain; when she was struck by a Public Service Streetcar

Due to section of Manchester and Kentucky of Manchester and Kentucky Ave.

Other conditions about 5:30 P.M. Jan. 4, 1942
(Include pregnancy within 3 months of death)

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

10. Usual occupation Nil

PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy 171 M 8

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Becker

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

14. Maiden name Sophie Hecker

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

16. (a) Informant Florenz Eynck

(b) Address 4232a Manchester

17. (a) Burial (b) Date thereof 1/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith F. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 7 1942 (Date received local registrar)
J.P. Brudeck (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan. 4, 1942

(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?
In Public Place
(Specify type of place)

While at work? _____ Means of injury 3

23. Signature Edith F. Ambruster (M. D. or other)
Address Capitol Grounds Date signed 4/6/42

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

48

X26390

2024.06

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 *Edwin M. Perrott*

Licensed Embalmer No. *3024*

Paul H. Shanklin
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.