

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1005

State File No. 8510
Registrar's No. 2521

FILED APR 8 1942 791
Registration District No.

Primary Registration District No.

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 day 0
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME..... Dolores Eisenmann
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..... single 0
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... June 17, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 9 1 hr. min.

9. Birthplace..... St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name..... Erwin Eisenmann 0
13. Birthplace..... St. Louis Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name..... MARY JUNG
15. Birthplace..... St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Erwin Eisenmann
(b) Address..... 4650 Dahlia

17. (a) burial (b) Date thereof..... 3/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... St. Peter & Paul Cem.

18. (a) Signature of funeral director..... John Ziegenhein & Son
(b) Address..... 7027 Gravois

19. (a) MAR 20 1942 (b) J. T. Bruders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 2. St. Louis
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4650 Dahlia
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 18
year..... 1942 hour..... 10 minute..... 30 P. M.

21. I hereby certify that I attended the deceased from.....
3-12 1942 to 3-18 1942
that I last saw her alive on..... mar 18
and that death occurred on the date and hour stated above. 1942

Immediate cause of death.....
Measles & pertussis.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) 7

Major findings:
Of operations.....
Of autopsy.....

Duration
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..... H. H. Hesther (M. D. or N. D.)
Address..... 5401 1/2 Francis Date signed..... 3-20-42

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 E. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 7027 Gravois

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.