S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15868

State File No.

FILED MAY 20 1942

Registration District No. 884 Primary Registration District No. 6176 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Marthasville
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Lifes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Marthasville
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Eickholtz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Eickholtz

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 29, (Day) 1886 (Year)

8. AGE: Years 55 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Barringhaus
13. Birthplace Concord Hill, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schulte
15. Birthplace Washington, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Eickholtz
(b) Address Marthasville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Concord Hill, Mo.

18. (a) Signature of funeral director Fred W Lichtenberg
(b) Address Marthasville, Missouri

19. (a) Apr. 12, 1942 (Date received local registrar) (b) Ethel Kehr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 12, 1939, to April 11, 1942 that I last saw her alive on April 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Paralytic Stroke)	1 day
Due to: Arterio sclerosis	3 yr
Due to:	
Other conditions: Myocarditis (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G C Johnson (M. D. or other)
Address Date signed

1263

(Licensed Embalmer's Statement on Reverse Side)

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 Delmont F. Luhtenberg, Registered Apprentice No. 318 working under my personal supervision.

Signed Fred W. Luhtenberg

Licensed Embalmer No. 1321

P. O. Address MARTHASVILLE, MO.

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.