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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4769

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

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1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 16 000 17 9

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

(d) Street No. 2835 Minnesota Av.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Eisenburg

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Richard Eisenburg

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

7. Birth date of deceased April 1 1880 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John Belek
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sally Casey
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mary Strubel
(b) Address City Hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director Witt Bros & Co
(b) Address 2929 S. Jefferson Av.

19. (a) JUN 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30, year 1942 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from May 8, 1942 to May 30, 1942 that I last saw her alive on May 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis

Due to Renal Calculi. 0

Due to Uremia. 3 H

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above.

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. W. Davis (M. D.)

Address 1515 Lafayette Avenue. Date signed 6/1/42

(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 Paul Shanklin, Registered Apprentice No. _____, working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Av.

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.