

FILED OCT 28 1942

Registration District No.

Primary Registration District No. **1003**

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:
4657 Varrelmann /
(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)

3. (a) PRINT FULL NAME George J. Eichmann

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Greifzu 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 27, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7</u>	<u>15</u> hr. min.

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

10. Usual occupation Plasterer

11. Industry or business.....

MOTHER FATHER {
 12. Name Michael Eichmann
 13. Birthplace Germany
 14. Maiden name Katherine Haefner
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Eichmann

(b) Address 4657 Varrelmann

17. (a) Buriää (b) Date thereof 10/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland City Cemetery

18. (a) Signature of funeral director John H. Sullivan Sons & Co.

(b) Address 2630 Gravois Av.

19. (a) Oct 15 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 15
 (d) Street No. 4657 Varrelmann
(If rural, give location) No.
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
 year 1942 hour 3:24 minute..... P. A. M.

21. I hereby certify that I attended the deceased from 10/7/42 to 10/12/42
 that I last saw h alive on 10/12/42
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulm Pleur
 Duration ?

Due to.....
 Due to.....

Other conditions Intestinal TB.
(Include pregnancy within 3 months of death) ?

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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 W.F. Neun (M. D. or other) M.D.
 Address 3115 S. Grand Date signed 10/14/42

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 Robert F. Gibken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Blvd.

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.