

34071

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1942

Registration District No. 181

Primary Registration District No. 5594

Registrar's No. 15-5-3

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural Meramec
(c) Name of hospital or institution Own home near Dittmer Mo
(d) Length of stay: In hospital or institution 70 years
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Rural - Dittmer Mo
(d) Street No. 2 mi W - Dittmer
(e) If foreign born, how long in U. S. A. Born in U.S.A.

3. (a) PRINT FULL NAME CARL CHRISTIAN EIME

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frieda Marie Eime (Storvick) 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased FEBRUARY 1 - 1863

8. AGE: Years 79 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Dittmer Jeff. Co Mo

10. Usual occupation Farmer
11. Industry or business Own Farm

MOTHER FATHER { 12. Name CARL EIME
13. Birthplace GERMANY
14. Maiden name CATTABINE
15. Birthplace GERMANY

16. (a) Informant's own signature James Eime
(b) Address Catowina Mo RR #1
17. (a) BURIAL (b) Date thereof 10-11-42
(c) Place: burial or cremation St. MARINS CEM. DITTMER Mo
18. (a) Signature of funeral director J. B. Edwards
(b) Address House Springs Mo
19. (a) Date received local registrar 9 Oct 1942 (b) Registrar's signature James A. Toward

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th 1942
year 1942 hour 12:20 minute AM

21. I hereby certify that I attended the deceased from Aug 1942 to Oct 8th 1942
that I last saw him alive on Oct 8th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Miscellaneous
Due to Chronic Nephritis
Cardiac Distress

Other conditions 7318
Major findings: Of operations 7318
Of autopsy _____

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? _____
(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 J. B. Edwards (M. D. or other) _____
Address Edor Hill, Mo Date signed 10/11/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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.....

J. B. Brunner

Licensed Embalmer No.....

1470

P. O. Address.....

House Springs, Ill

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, above space should be left blank.