

FILED DEC 11 1942

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County **Missouri**  
 (b) City or town **St. Louis**  
 (c) Name of hospital or institution: **Alexian Brothers**  
 (d) Length of stay: In hospital or institution **6 days**  
 In this community **6 days**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis**  
 (d) Street No. **2846 Pennsylvania**  
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Henry Eppensteiner**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. **489-10-9472**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **November** day **28**  
 year **1942** hour **10:55** minute **47** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Hilda Geers**  
 6. (c) Age of husband or wife if alive **48** years  
 7. Birth date of deceased **May 27 1886**

21. I hereby certify that I attended the deceased from **10-16/40**  
 in **11-28-42** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>56</b>	<b>6</b>	<b>1</b>	hr. min.

Immediate cause of death **Chronic myocarditis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **Hypertension**  
 Major findings: **none**  
 Of operations \_\_\_\_\_  
 Of autopsy **none**

9. Birthplace **St. Louis Missouri**  
 10. Usual occupation **Shoe Cutter**

11. Industry or business \_\_\_\_\_  
 12. Name **Joseph Eppensteiner**  
 13. Birthplace **Germany**  
 14. Maiden name **Helen Schwarzweiler**  
 15. Birthplace **Germany**

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Hilda Eppensteiner**  
 (b) Address **2846 Pennsylvania**  
 17. (a) **Burial** (b) Date thereof **12-2-42**  
 (c) Place: burial or cremation **SSX Peter & Paul**  
 18. (a) Signature of funeral director **John N. Lubben**  
 (b) Address **2630 Gravois Av.**  
 19. (a) **DEC 1 1942** (b) **G. J. J. Bredenk**

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?  
 23. Signature **G. J. J. Bredenk** (M. D. or other) \_\_\_\_\_  
 Address **1130 1/2** Date signed **11/30/42**

**4065-80 Grand**

**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 J. Gebken*

Licensed Embalmer No. 4144

P. O. Address: 2630 Gravois Avenue

**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.**