

FILED DEC 10 1942

Registration District No. 319

Primary Registration District No. 4469

1. PLACE OF DEATH:

(a) County St. Genevieve  
(b) City or town Amor St. Genevieve  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 15 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Gen. 95  
(c) City or town St. Genevieve 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SUSAN EISENHORST

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced divorced  
(b) Name of husband or wife Joseph E. Eisenhorst 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Jan 9 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name John Reichert

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Reiger

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Eisenhorst

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof Nov 18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo C. Reyer

(b) Address St. Genevieve Mo

19. (a) Nov 18/42 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
year 1942 hour 5 minute 25 P. M.  
21. I hereby certify that I attended the deceased from 11/16/42 to Nov. 16 1942  
that I last saw her alive on Nov 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cor. Disease  
Phlebotomy  
Phlebotomy  
Due to Secondary Anemia  
Due to Basinosis of Stomach  
and Spine  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Hb  
Of operations \_\_\_\_\_  
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?   
(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 T. W. Douglas (M. D. or other) MD  
Address St. Genevieve Mo Date signed 11-17-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

95  
11  
1

DEC 29 1942

RECEIVED

Health Officer No. \_\_\_\_\_

District File Number 1242-1411

Date Filed 12-7-42

DEC 29 1942

**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 Geo. C. Bach

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.**