

FILED FEB 1 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 662

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

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

(c) Name of hospital or institution: 1201 1/2 Wright St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1201 1/2 Wright St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FREDRICK L. EYERKUSS

3. (b) If veteran, name and Spanish American

3. (c) Social Security 702-05-5313

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th
year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-18 1943, to 1-21 1943;
that I last saw h. in alive on 1-20 43 1943;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color White

6. (a) Single, 2 divorced, Widower

6. (b) Name of husband or wife Luzel Rosemary Eyerkuss

6. (c) Age of husband or wife if 68 years

7. Birth date of deceased Feb 19-1869
(Month) (Day) (Year)

Immediate cause of death 1 Diabetes
2 Cardio Vascular
Renal Disease
3 Tumor of lung
& metastasis

Due to Primary in lung

Other conditions (Include pregnancy within 3 months of death)

Major findings: H1

Of operations

Of autopsy C.V.R. Disease Metastasis of lung & mediastinum

8. AGE: 73 years 11 Months 2 Days If less than one day 2 hr. 0 min.

9. Birthplace Bellefonte Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Laborer

11. Industry or business Wabash R.R.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Erwin H. Eyerkuss

(b) Address 3319 1/2 Michigan Ave

17. (a) Date of death Jan 23-1943
(Month) (Day) (Year)

(b) Place of burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director James Steidemann

(b) Address JAN 22 1943
Gravois Ave

19. (a) Date received local registrar JAN 22 1943

(b) Registrar's signature J. F. Brudeck

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature John S. Young (M. D. or other) _____

Address 12806 Franklin Date signed 1/21/43

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed..... *Albert G. Hoffer*

Licensed Embalmer No. *397*

P. O. Address.....

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.