

Registration District No. **18**

Primary Registration District No. **18**

Registrar's No. **2226**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Josephine Heitkamp Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME THOMAS ALBERT Eichelberger

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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased March 4th 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER { 12. Name Thomas Eichelberger

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Moore

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Eichelberger

(b) Address 7016 Southwest Ave

17. (a) Burial (b) Date thereof 3-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 8 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 7016 Southwest Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-4-43 to 3-7-43 that I last saw him alive on 3-7-43 and that death occurred on the date and hour stated above.

Immediate cause of death Premature death

Due to _____

Due to Partial atelectasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 159

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? _____

23. Signature D. W. Wray (Specify type of place) (a) _____ (b) _____
Address 1812 So Grand (M. D. or other) _____ Date signed _____

Dr. Thomas of St. Joseph's Hosp.

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.....

No Embalming Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin A. McDermott*

Licensed Embalmer No. *3024*

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.