

S. No. 2
M-5-42
5-17-39
1 X32679

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12088

State File No. 4258

ED MAY 14 1943
318
Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Luthern 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..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 408 Sidney St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lena Eickhorst

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 7 minute 15 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Eickhorst

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

7. Birth date of deceased July 25, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 12 1943 May 4 1943
that I last saw h. alive on May 4 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

58 9 9 hr. min.

Immediate cause of death Cerebros of liver

Due to.....

Due to.....

Other..... (Include pregnancy within 3 months of death)

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

10. Usual occupation at home

PHYSICIAN

Major findings:
Of operations..... none

Of autopsy..... Cerebros of liver + renal damage

Underline the cause to the death should be charged status.

11. Industry or business.....

12. Name Aug. Franke

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Louise Kuhlman

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Eickhorst

(b) Address 408 Sidney St.

17. (a) Burial (b) Date thereof May 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cm.

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?
..... (Specify type of place)

While at work..... (Specify means of injury)

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 7 1943 J. F. Bredet
(Date received local registrar) (Registrar's signature)

23. Signature Att. C. Bredet (M. D. or other)
Address 315 7th Park Dr Date signed 5/7/43

(Licensed Embalmer's Statement on Reverse Side)

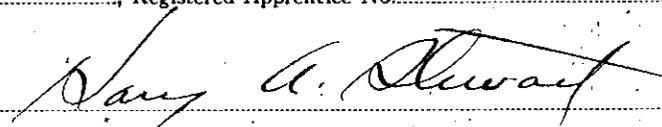
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....



Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.