

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15249
State File No. _____
Registrar's No. 246

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FILED MAY 21 1948
Registration District No. 21494B

Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: Mo. State Hospital No. 42
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 5mos. 18 das
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town New Haven
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FREDERIC EIMBECK

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jennie (West) Eimbeck

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

7. Birth date of deceased August 20, 1872
(Month) (Day) (Year)

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

70 7 25 _____ hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Charles L. Eimbeck

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

14. Maiden name Amanda Osterwald

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 4-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Missouri

18. (a) Signature of funeral director L. C. Fertig & Son

(b) Address New Haven, Missouri

19. (a) 4-17-43 (b) Byadie Burkmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1943 hour 7 minute 05A.M.

21. I hereby certify that I attended the deceased from March 15
1943, to April 15, 1943
that I last saw him alive on April 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis general

Duration _____

Due to _____

Due to _____

Other conditions severe dementia
(include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
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)

(c) Means of injury _____

23. Signature J. O. Langham (M. D. or other) MD

Address 316 W. Cottage Date signed 4-16-43

RECEIVED

District Health Officer No. 4
District File Number 543-2136
Date Filed 5-5-43

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 ml.

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

Signed Carl C. Vestig

Licensed Embalmer No. 3385

P. O. Address New Haven, 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.