

S. No. 2
4-5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27795

FILED SEP 14 1943

Registration District No. 12

Primary Registration District No. 2007

State File No. _____

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
112 Marshall street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Albert Eichelberger, Sr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Eichelberger 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased September 28, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Machinist

11. Industry or business Railroad

12. Name Albert Eichelberger

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

14. Maiden name Mary Barada

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

16. (a) Informant Albert Eichelberger, Jr.

(b) Address Poplar bluff, Missouri

17. (a) Burial (b) Date thereof AUG. 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto, City Cemetery

18. (a) Signature of funeral director Greer Crox

(b) Address Poplar Bluff, Mo

19. (a) 8/19/43 (b) Belle Kinnel
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 112 Marshall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 19 1943
year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 16
_____, 19____ to 18 Aug 1943
that I last saw him alive on _____ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Old age
Pro. Dial Asthma
with a weak heart.

Due to Uremic Poison
acute

Other conditions _____
(Include pregnancy within 3 months of death)

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 R McDaniel (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 8-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 943-1174

Date Filed 9-12-43

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.....

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

Signed.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.