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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1, 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8233

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 578

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY
(b) City or town JEFFERSON BARRACKS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
VETERANS ADMINISTRATION FACILITY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ADM. 1/13/44. (Specify whether
In this community since 1/13/44
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Illinois (b) County Monroe County
(c) City or town Fults 11
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2 0
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME John O. Eidmann

3. (b) If veteran, name war World War #1
3. (c) Social Security No. None.

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased December (Month) 31, (Day) 1894 (Year)

8. AGE: Years 49 Months 2 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace Renault (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Fisherman
11. Industry or business -

FATHER
12. Name Christopher Eidmann
13. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ella Drurry
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Ill.
18. (a) Signature of funeral director Aug M Wagner
(b) Address Waterloo, Ill.
19. (a) MAR 7 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th, year 1944 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from January 13, 1944, to March 5, 1944 that I last saw him alive on March 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Leukemia, lymphatic, chronic.	Unknown
Due to -	
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No autopsy.

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) no
(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? Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 3/6/44.

707

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 2 1941

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.