

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16308

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4478

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

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:
5617 Nottingham Ave
(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 17

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

(d) Street No. 5617 Nottingham Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Frederick J. Eickhoff

3. (b) If veteran, name war *****

3. (c) Social Security No. 489-10-1430

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ethel Eickhoff

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 20 1885
(Month) (Day) (Year)

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

58 5 24 hr. min.

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

10. Usual occupation Foreman

11. Industry or business Liggett and Meyers Co

MOTHER FATHER

12. Name Frederick Eickhoff

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

14. Maiden name Unknown

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

16. (a) Informant Ethel Eickhoff

(b) Address 5617 Nottingham Ave

17. (a) Cremation (b) Date thereof May 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 18 1944 (b) J. F. Breake
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day May
year 1944 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 3 1941
May 15 1944 to May 14 1944
that I last saw him alive on May 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 1 day

Due to Chv Myocarditis 12 yrs

Due to arteriosclerosis 93

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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) _____

(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 John Steubloff (M. D. or other) MD

Address 512 Duane St. Date signed _____

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

Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address. 6175 Dilmar

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.