

31546

State File No.

FILED SEP 20 1944

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. (29) 95

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Fort Leonard Wood, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Regional Station Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution died on admission
In this community 1 month, 11 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga
(c) City or town (Route 9, Warrensville Branch)
(If outside city or town limits, write "RURAL")
(d) Street No. 21403 Kinsman Road, Cleveland, Ohio
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Lawrence M. Eickhoff

3. (b) If veteran, name war -- 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 1 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 0 8 hr. min.

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier - U S Army - 35912929

11. Industry or business Cpl. Btry A, 883rd FA Bn

12. Name Henry J. Eickhoff

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

14. Maiden name Eleanore M.
(City, town, or county) (State or foreign country)

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

16. (a) Informant U.S. Army Records

(b) Address Fort Leonard Wood, Missouri

17. (a) Removal (b) Date thereof 9/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland Ohio

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo

19. (a) 9 Sept 1944 (b) Lawrence M. Eickhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1944 hour 00 minute 30 A.M.

21. I hereby certify that ~~the deceased~~ died on admission
admission, 19 to 19;
that I last saw him alive on _____, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Right subdural hematoma, Duration _____

Due to multiple skull fractures

Due to _____

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

Major findings: Of operations _____

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 8 September 1944, 11:45 P. M.

(c) Where did injury occur? Ft Leonard Wood Pulaski Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3/10 m. E of Hi #17 on prolongation of Kans
(Specify type of place) truck-culvert

While at work? yes (e) Means of injury accident

23. Signature Robert B. ... (M. D. or other)

Address Fort Leonard Wood, Mo. Date signed 10 Sept 44

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

505

999
33
0

170^e
27

PHYSICIAN
Underline the cause to which death should be charged statistically.

075

OCT 27 1944

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 Dorsey M. Howe.....

Licensed Embalmer No. 4222.....

P. O. Address Lebanon 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.