

FILED NOV 15 1944

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **9523**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Yr. 5 Mo. 28 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4336 Michigan City Infirmery
(If rural, give location) 13
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Philomenia Eichenlaub

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Eichenlaub 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 17, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 22 If less than one day hr. _____ min. 0

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name George Sexouer

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

14. Maiden name Elizabeth Sauer

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

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 11-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, MO

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington 131st

19. (a) NOV 9 1944 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 1944
year _____ hour 11:05 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 14, 1944
to Nov. 9, 1944
that I last saw h _____ alive on Nov. 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to _____
Due to _____

Other conditions Degenerative heart disease; senility
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. J. Budeck (M. D. or other) _____
Address 5800 Arsenal Date signed 11-9-44

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

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..... *G. W. Wilkinso*
Licensed Embalmer No. *3575*

P. O. Address.....

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.