

FILED NOV 22 1948

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9706

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 DAY
years, months or days)

3. (a) PRINT FULL NAME Albert Eichner

3. (b) If veteran, name war NONE
3. (c) Social Security No.

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 APRIL 5 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 8
If less than one day hr. min.

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

10. Usual occupation BOOK BINDER

11. Industry or business

MOTHER FATHER
12. Name HERMAN EICHNER
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name MARY RYAN
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Eichner
(b) Address 1041 Tamm Ave.

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

(c) Place: burial or cremation SS. PETER & PAUL CEM.

18. (a) Signature of funeral director Friedrich FINERAL HOME

(b) Address 8319 Halle Ferry Rd.

19. (a) NOV 15 1948 (b) J. F. Sheeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1041 Tamm Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1944 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from 11/9/44
....., 19....., to Nov. 13th, 19 44
that I last saw h. im alive on Nov. 13th, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to Bronchiectasis & cystic areas of the lung
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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).....
(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 Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette 11/13/48
Date filed

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..... *John Agonoski*.....
Licensed Embalmer No. *3398*.....
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.