

FILED AUG 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. 27336

Registration District No. 117

Primary Registration District No. 5436

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural - Boulevard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His Residence
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
years, months or days

3. (a) PRINT FULL NAME EDWARD EIKERMANN

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

4. Sex Male 5. Color or race White 6. (a) ~~Never~~ married, Never married
6. (b) Name of husband or wife JOHANNA 6. (c) Age of 72 years
7. Birth date of deceased March 30 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 13 If less than one day
hr. _____ min. _____

9. Birthplace Hermann, RFD Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name FRITZ EIKERMANN
13. Birthplace -0- GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MAGEDELINE HAEFNER
15. Birthplace HERMANN RFD MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edw Eikermann
(b) Address Hermann, Mo. RFD

17. (a) Burial (b) Date thereof 7/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cem. Mo.

18. (a) Signature of funeral director Edward Eikermann
(b) Address Hermann, Mo.

19. (a) 7-14-45 (b) Mrs. F.B. Messer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 37
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 12 Miles South of Hermann, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1945 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-24-
1945 to 7-13- 1945

that I last saw him alive on 7-12-45 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration _____

Due to _____

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) (e) Means of injury _____

23. Signature Edward Eikermann (M. D. or other) _____
Address Hermann Date signed 7-13-45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-27-45

DEC 11 1953

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

Chas. M. Pope

Licensed Embalmer No. 2552

P. O. Address Herrmann, 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.