

FILED DEC 24 1946 **318**

Primary Registration District No. **1003**

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: Lutheran Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County W.
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3827 A GREEB (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIE K. EIBEN

3. (b) If veteran, name war = 3. (c) Social Security No. 493-10-026

4. Sex Female 5. Color of race A 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased Apr 4 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation HAT DESIGNER

11. Industry or business _____

12. Name EDWARD E. EIBEN

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

14. Maiden name FOGGEYDELLER

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

16. (a) Informant Mrs. Wm Eiben

(b) Address 3827 A Green

17. (a) BURIAL (b) Date thereof DEC 17 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director J. F. Bredek
(b) Address 1926 St. Louis

19. (a) DEC 16 1946 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 13
year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-4-46
1946, to 12-13-46, 1946;
that I last saw her alive on 12-13-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast
secondary to carcinoma of breast

Due to trauma Duration 6 weeks

Due to HA

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

Major findings: Of operations _____

Of autopsy Carcinoma

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) (e) Means of injury _____

23. Signature Wm H. Hanner (M. D. or other)

Address 3657 Grand St. Date signed 12/17/46

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

MOTHER FATHER

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.....
Neal Paulson

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Louis Ave*

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.