

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2438

State File No.

FILED JAN 27 1947
Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 255

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

1. PLACE OF DEATH:

(a) County.....

(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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 2 weeks
(Specify whether
In this community..... 63 years
years, months or days)

3. (a) PRINT FULL NAME..... Lottie K. Eickmeier

3. (b) If veteran, name war..... - - - -

3. (c) Social Security No.....

4. Sex Female / 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..... June 12 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 6 30 ..hr. ..min.

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

10. Usual occupation..... Wrapper

11. Industry or business..... Tobacco Mfg.

MOTHER FATHER

12. Name..... Peter Eickmeier

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Margaret Honsel

15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Miss Anna Eickmeier

(b) Address..... 4376 Papin

17. (a) Burial (b) Date thereof..... Jan 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus Cemetery

18. (a) Signature of funeral director..... BEIDERWIEDEN F. HOME, INC.

(b) Address..... 1936 St. Louis Avenue

19. (a) Jan 13 1947 (b) J. F. Bredbeck
(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..... 4376 Papin
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 11th
year..... 1947 hour..... 4 minute..... 45 A. M.

21. I hereby certify that I attended the deceased from..... July, 1946, to..... Jan 11th, 1947;
that I last saw him alive on..... Jan 10th, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Stomach 8 mo.

Due to.....
4/6

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

Major findings:..... Carcinoma of Stomach
Of operations..... with metastasis

Of autopsy..... None

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?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature..... C. E. Stindel (M. D. Registrar)

Address..... 3651 Grand St. St. Louis Date signed.....

1/12/47

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 Glew W. Katz

Licensed Embalmer No. 23737

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.