

FILED JAN 16 1947

Registration District No. **3**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 11-12-46**
(Specify whether
In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME: **EICH, Clarence**
3. (b) If veteran, name war: **World I**
3. (c) Social Security No. **Unknown**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife: **Ella Eich**
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: **August 23, 1896**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	4	16	hr. min.

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

10. Usual occupation: **None**

11. Industry or business: _____
12. Name: **Henry C. Eich**
13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name: **Unknown**
15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Registrar, Vet. Adm. Hospital**
(b) Address: **Jefferson Barracks, Missouri**
17. (a) **Burial** (b) Date thereof: **1-11-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **National Cemetery, J.**

18. (a) Signature of funeral director: **Weick Brothers Und. Co.**
(b) Address: **2201 S. Grand, Blk. Louis, Mo.**
19. (a) **1-11-47** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **227 Sidney Street**
(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 **8**
year **1947** hour **10:20** minute **A** M.
21. I hereby certify that I attended the deceased from **Nov. 12, 1946** to **January 8, 1947**
that I last saw him alive on **January 8, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cirrhosis of Liver; Broncho-pneumonia**
Duration: **Unk.**

Due to: _____
Due to: _____

Other conditions: **Nephritis, chronic glomerular**
(Include pregnancy within 3 months of death)

Major findings: **No Operation**
Of operations: _____
Of autopsy: **No 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) **NO**
(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? **B. Mo.**

While at work _____ (Specify type of place) (e) Means of injury: _____
23. Signature: **L. E. Stilwell, M.D.** (M. D. or other)
Address: **Vet. Adm. Hosp., Jeff. Bks. Bldg. 1-8-47**

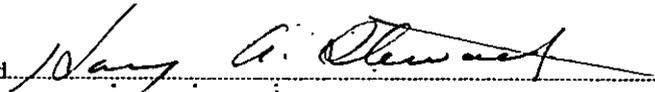
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....James R. Dunn....., Registered Apprentice No. 403
working under my personal supervision.

Signed..........

Licensed Embalmer No. 3722

P. O. Address. 2001 S. Grand Bl.

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.