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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 4491

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 27

**1. PLACE OF DEATH:**

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5045 Kates
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Evelyn Marie Eichmeyer
3. (b) If veteran, name war None
3. (c) Social Security No. 493-20-2066
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 March (Month) 26 (Day) 1923 (Year)

8. AGE: Years 23 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Marthasville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Stenographer
11. Industry or business

FATHER
12. Name Walter Eichmeyer
13. Birthplace Marthasville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Meta E. Hackmann
15. Birthplace Hopewell (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Walter F. Eichmeyer
(b) Address Marthasville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Marthasville, Mo.
18. (a) Signature of funeral director Fred W. Lichtenberg
(b) Address Marthasville, Missouri
19. (a) FEB 12 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 10 year 1947 hour 30 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 2, 1947, to Feb 9, 1947, that I last saw her alive on Feb. 9, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hemolytic Streptococcic Endocarditis | 2 weeks |
| Due to: Hemolytic Streptococcic throat | 2 weeks |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Essential Hypertension | 10 yrs |

Major findings:
Of operations
Of autopsy

91 A

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)
While at work? (e) Means of injury

23. Signature Herbert H Schmidt (M. D. or other) M D
Address Marthasville Mo Date signed 2/12/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number FEB 18 1947
Date Filed FEB 25

## 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: Fred W. Richtsmeier

Licensed Embalmer No. 1321

P. O. Address Marthasville, Missouri

**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.**