

No. 2
DM-5-43
v. 5-17-39
X26671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 15051
3869
Registrar's No.

Registration District No. 318

Primary Registration District No.

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:
3227 Texas Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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. 3227 Texas Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William A. Eynatten
3. (b) If veteran, name war ***** 3. (c) Social Security No. *****
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 13 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12th. day April
year 1947 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from 1-15-47 to 4-12-47
that I last saw him alive on 4-8-47
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 11 28 hr. min.
9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business Retired

Immediate cause of death Chronic myocarditis
Due to Hypertension
Due to 93
Other conditions (Include pregnancy within 3 months of death) 93
Major findings: Of operations.....
Of autopsy.....

MOTHER FATHER
12. Name Francis V. Eynatten
13. Birthplace Austria
(City, town, or county) (State or foreign country)
14. Maiden name Harrist Fischer
15. Birthplace New Jersey
(City, town, or county) (State or foreign country)
16. (a) Informant Leo Whearn
(b) Address 7215 Homer Ave Affton Mo
17. (a) Burial (b) Date thereof 4-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Sy. Marcus Cemetery
18. (a) Signature of funeral director Ziganden Bros.
(b) Address 6209 Gravois Ave
19. (a) APR 13 1947 (b) J. P. Budeck
(Date received local registrar) (Registrar's signature)

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 J. Jones (M. D. or other) MD
Address 36168 Budy Date signed 4-12-47

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

Jan. 5 1924

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed Home H. Fritz

Licensed Embalmer No. 3982

P.O. Address.....

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.