No. 2
-1/47
-17-39

#71218

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2468

Registrar's No. 101

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4305a Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PETER EICHAMMER
3. (b) If veteran, name war Span. American
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct. (Month) 1 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	3	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Bottler Retired 13yrs.
11. Industry or business

MOTHER FATHER
12. Name Peter Eichammer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Barbara Weininger
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Grace Eichammer
(b) Address 4305a Oregon Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Gebken-Benz Mort.
(b) Address 2842 Meramec St.
19. (a) JAN 5 1948 (Date received from registrar) (b) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 4th year 1948 hour 3 minute 45 AM
21. I hereby certify that I attended the deceased from 5/12/47, 19..., to Jan. 4th 19 48 that I last saw him alive on Jan. 4th, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pul. Edema	
Due to Arteriosclerotic Heart Disease	
Due to R.H.D.	
Other conditions Psychosis - due to R.H.D. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 J. Lowry Brown, M.D. (M. D. or other)
Address 1515 Lafayette Date signed 1/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.