

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3336A

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>TEXAS</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KIRKWOOD</u>		c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAN ANTONIO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARINE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>P.O. 96</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u>			b. (Middle) <u>ANN</u>		c. (Last) <u>EISENHAUER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 2, 1948</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb. 14, 1925</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER A YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MODEL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POWERS MODEL</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Henry Benjamin</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Wittig</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Eisenhauer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. ALICE EDWINSTER, 313 W. GRAY</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>SKULL FRACTURE AND BRAIN INJURY SUFFERED WHILE OCCUPANT OF AN AUTOMOBILE DRIVEN BY JOYCE ANN EISENHAUER, AUTO LEFT HIGHWAY 66 NEAR HIGHWAY H, FRANKLIN COUNTY, MO., AND CRASHED INTO A TELEPHONE POLE NEAR HIGHWAY 66 ON</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>Dec. 31, 1947.</u>		19b. MAJOR FINDINGS OF OPERATION <u>Dec. 31, 1947.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEAR FRANKLIN COUNTY, MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 31, 1947 3:25 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO LEFT THE HIGHWAY AND CRASHED INTO A TELEPHONE POLE</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>ARNOLD J. WILLMANN, CORONER</u>				23b. ADDRESS <u>St. Louis County, Mo.</u>		23c. DATE SIGNED <u>1-4-48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN. 3, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMIRA</u>		24d. LOCATION (City, town, or county) (State) <u>New York</u>		
DATE REC'D BY LOCAL REG. <u>JUL 15 1954</u>		REGISTRAR'S SIGNATURE <u>Blade A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG</u>		ADDRESS <u>23 W. LACKWOOD</u>	

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

JUL 15 1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.