. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17884

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5063

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

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: CITY SANITARIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 YRS (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST LOUIS MO 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 ARSENAL ST 9
(If rural, give location)

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(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EUDORA NEIDHARDT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife UNKNOWN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUG (Month) 18 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	13	hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business 0

FATHER
12. Name FILEX CHARTRAND
13. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH (UNKNOWN)
15. Birthplace ~~ST~~ (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant HOME OF THE FRIENDLESS
(b) Address 4431 SO BROADWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 3 1948 (Month) (Day) (Year)

(c) Place: burial or cremation OAKDALE CEM

18. (a) Signature of funeral director C HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 CHIPPEWA ST

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1948 hour 4:50 minute P.M.

21. I hereby certify that I attended the deceased from May 1, 1945, to June 1, 1948 that I last saw her alive on June 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease 2yrx
Hypostatic Pneumonia 4days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

~~Reasonable~~ 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 Jack R Eidelmann (M. D. or other)

Address 5400 Arsenal St Date signed 6/2/48

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 Harry Schumacher

Licensed Embalmer No. 2679

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.