

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20833
Registrar's No. 5579

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Milton Herbert Eichkorn
3. (b) If veteran, name war ***** 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 13th, 1907
(Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Instructor

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Eichkorn
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ida Albrecht
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry H. Eichkorn
(b) Address 4506 S. Grand Blvd.

17. (a) Burial (b) Date thereof 6-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 6409 Gravois Ave

19. (a) JUN 21 1948 (b) _____
(Date received local registrar) (Registrar's signature)

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. 4506 South Grand
15 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from June 15, 1948, 19____ to June 20, 1948, 19____
that I last saw him alive on June 20, 1948, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Intercapillary glomerular sclerosis of kidney
Due to Diabetes mellitus
Due to _____
Other conditions (Include pregnancy within 3 months of death) GI

Duration
2 1/2
years

PHYSICIAN
Major findings: Of operations _____
Of autopsy confirmed above
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Lin P. Bean (M. D. or other) MD
Address Barnes Hospital, Date signed 6/21/48

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

3-000
0-47
7-39
3906

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..... *Homer W. Dritz*

Licensed Embalmer No. *3882*

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.