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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 1003

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 20834

Registrar's No. 6031

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:
St Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 weeks (Specify whether years, months or days)

In this community Life

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. 3508 Utah
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louise Eistrup

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Frederick

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

7. Birth date of deceased Sept. (Month) 7 (Day) 1863 (Year)

8. AGE: Years 84 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Herman Ruecking

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Louise Zubrasten

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lulu Kempf

(b) Address 3508 Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) JUL 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 5 day 5 year 1948 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 5 1948 to July 5 1948 that I last saw him alive on July 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis — Duration

Due to Senility age 84

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work (e) Means of injury

23. Signature F. G. Permenter M.D.

Address 975 Arcade Bldg Date signed 7/7/48

(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 Frank J. Downs

Licensed Embalmer No. 2245

P. O. Address St Louis Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 6031

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Louise Eistrup, died ~~born~~ 7-5-, 1948 in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 21 should read April 23-48 to 7-5-48 that I lost Saw
Instead of " " " April 5-48)
Item No. ..... should read (her alive July 5. 1948
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Physician Affiant F. J. Pernaud
Relationship.

975 Arcade Bldg
Present Address Hering, Mo

Subscribed and sworn to before me this 25 day of Sept, 194...

My Commission expires 3-6-49 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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I X37817

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