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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38076

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9728

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:  
7309 A Minnesota  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7309 A Minnesota  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Anna Eichelberger

3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6  
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Sept. 14th, 48, to Nov. 6th, 48;  
that I last saw her alive on Nov. 5th, 1948  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Harry  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 13 1870  
(Month) (Day) (Year)

Immediate cause of death  
Chronic Heart Disease and  
Chronic Kidney Disease

8. AGE: Years Months Days If less than one day  
78 8 23  
hr. min.

Duration  
6 Mo.  
Or Mo  
Due to  
Due to

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

Other conditions: Arteriosclerosis 1 yr.  
(Include pregnancy within 3 months of death)

10. Usual occupation Nil

PHYSICIAN

11. Industry or business Unknown

Major findings:  
Of operations: no

12. Name Unknown

Of autopsy: no

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

14. Maiden name Unknown

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

16. (a) Informant Bertha Linsenman

(b) Address 7309 A Minnesota Ave.

17. (a) Burial (b) Date thereof 11-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director JOS. P. FENDLER, JR. FUNERAL HOME

(b) Address 7128 Michigan Ave.

19. (a) NOV 9 1948 J. B. Lasater  
(Date received local registrar) (Registrar's signature)

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 M. H. Walters M.D. (M.D. or other)

Address 3608 S. Grand Blvd. Date signed 11/9/48

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

MOTHER, FATHER

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**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 Clarence Pechow

Licensed Embalmer No. 3093

P. O. Address 5128 Michigan

**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.**