

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6126

1500

No. 300

10. 48

#33240

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) St. Louis

d. STREET ADDRESS (If rural, give location)

1313 N. 14th. St.

3. NAME OF DECEASED

(Type or Print)

a. (First)

HENRY

b. (Middle)

EICHENSEER

c. (Last)

4. DATE OF DEATH

(Month) (Day) (Year)

Feb. 15th, 1949

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

2-9-1877

9. AGE (In years last birthday)

72

IF UNDER 1 YEAR Months

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Water Department

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

John Eichenseer

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

late Ida Eichenseer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT'S SIGNATURE OR NAME

C. A. Eichenseer 5210 Finkman St

ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Pneumococcal meningitis

ANCECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Pneumococcal pneumonia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arterio-sclerotic heart disease & Syphilis generalized

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5/49, 19, to 2/15/49, 19, that I last saw the deceased alive on 2/15/49, 19, and that death occurred at 2:45 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Edw. W. Czebrunski M.D.

23b. ADDRESS

1515 Lafayette Ave.,

23c. DATE SIGNED

2/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-17-1949

24c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

24d. LOCATION (City, town, or county)

St. Louis County Mo

(State)

DATE REC'D BY LOCAL REG.

FEB 16 1949

REGISTRAR'S SIGNATURE

J. B. Laoster

25. FUNERAL DIRECTOR'S SIGNATURE

Hy. Leidner U. 2223 St. Louis Ave

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Ronald O. Yehulke

Signed _____
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.