

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

STANDARD CERTIFICATE OF DEATH

35098

FILED OCT 27 1949

State File No. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8775**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		d. STREET ADDRESS (If rural, give location) 23 805 ALLEN	
3. NAME OF DECEASED a. (First) Mathew b. (Middle) c. (Last) Eisele		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 24 - 1880
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) LABORER	11. BIRTHPLACE (State or foreign country) AUSTRIA HUNGARY
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME MATTHEW EISELE		13b. MOTHER'S MAIDEN NAME ANNA UNKNOWN	
14. NAME OF HUSBAND OR WIFE MARTHA ?		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Baker 2331 Mulloughy	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) 47C			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		163X	
22. I hereby certify that I attended the deceased from July 8, 1948 to Oct. 9, 1949 , that I last saw the deceased alive on Oct. 9, 1949 , and that death occurred at 8:42 AM , from the causes and on the date stated above.			
23a. SIGNATURE Cletus L Krog, MD (Degree or title)		23b. ADDRESS 5600 Arsenal St. St. Louis	
23c. DATE SIGNED Oct 10, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-13-49	
24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE RECD BY LOCAL REG. OCT 12 1949		REGISTRAR'S SIGNATURE B. Lasater	
25. FUNERAL DIRECTOR'S SIGNATURE Bullen Kelly		ADDRESS 4386 Ludell	

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.

Student
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 9791

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.