

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42439

State File No.

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 10452

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|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10452 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY _____ | | | | a. STATE Missouri | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1952 Arlington Ave. | | | | d. STREET ADDRESS (If rural, give location) 1952 Arlington Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) John | | b. (Middle) H. | | c. (Last) Eichor | |
| 4. DATE OF DEATH | | Month Day Year | | Dec. 3 1949 | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Oct. 10th. 1874 | |
| 9. AGE (In years last birthday) 75 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman | | 10b. KIND OF BUSINESS OR INDUSTRY Streetcar | | 11. BIRTHPLACE (State or foreign country) Kansas | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME Thompson Eichor | | 13b. MOTHER'S MAIDEN NAME Clarisa Swain | | 14. NAME OF HUSBAND OR WIFE Leona L. Eichor | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona L. Eichor 1925 Arlington Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cardiac Failure | | | | 3 days | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) P.E.T. | | | | 3 hours | |
| II. OTHER SIGNIFICANT CONDITIONS Fracture rt. humerus | | | | | | 2 1/2 days. | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE NONINJURIOUS (Specify) X 11-9-49 | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis St. Louis Mo | | | |
| 21d. TIME OF INJURY 11-9-49 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR fell on street | | | |
| 22. I hereby certify that I attended the deceased from 11-16-49 to 12-3-49, that I last saw the deceased alive on 12-3-49, and that death occurred at 3:50 p. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Ed. Lansen | | | | 23b. ADDRESS 4885 Natural Bridge | | 23c. DATE SIGNED 12-2-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 12-6-49 | | 24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lantier | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Have OK'ED by Coroner

(1-4 0)

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

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.