

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2446

State File No. \_\_\_\_\_

1003

Registrar's No. 675

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>7200 So. Broadway</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		b. (Middle) <b>F.</b>	c. (Last) <b>EICKMEYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 21 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 10, 1881</b>	9. AGE (to years last birthday) <b>69</b>	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) <b>Die Setter-American Thermometer Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Illinois</b>	11. BIRTHPLACE (State or foreign country) _____	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Unknown Eickmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Etta Eickmeyer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Etta Eickmeyer</b>		
ADDRESS <b>7200 S. Broadway</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i></b> <b>2. ANTECEDENT CAUSES</b> <i>Fibrosis lung</i> <b>3. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>525X</b>		21d. HOW DID INJURY OCCUR? _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>Nov 13, 1945</b> , to <b>Jan 21, 1950</b> , that I last saw the deceased alive on <b>Jan 20, 1950</b> , and that death occurred at <b>5:55A m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>J. M. Black</b>		(Degree or title) <b>M. D. U</b>	23b. ADDRESS <b>705 N. Kingshighway</b>		23c. DATE SIGNED <b>1/21/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 24, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
DATE REC'D BY LOCAL <b>JAN 23 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Jaster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
ADDRESS <b>4228 S. Kingshighway Bl</b>		(Licensed Embalmer's Statement on Reverse Side)			

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

705 N. Kensington  
Portland, Oregon

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

**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.