

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19014
State File No. _____

FILED MAY 17 1950

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 25

0951

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

| | | | | | |
|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u> | | |
| b. CITY OR TOWN <u>STE. GENEVIEVE</u> | | c. LENGTH OF STAY (in this place) <u>LIFE</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE 0951</u> | | d. STREET ADDRESS (If rural, give location) <u>753 JEFFERSON ST 0</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1950</u> | | |
| 3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>F.</u> c. (Last) <u>Eisenbeis</u> | | | 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | |
| 8. DATE OF BIRTH <u>Jan. 22, 1867</u> | | 9. AGE (In years last birthday) <u>83</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Weingarten Mo</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Ferdinand Eisenbeis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Iseman</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARY KERTZ</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Eisenbeis Ste. Genevieve Mo</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Neuralgia, left.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input 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) | |
| 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"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>May 5, 1950</u> , to <u>May 5, 1950</u> , that I last saw the deceased alive on <u>May 5, 1950</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>R. L. Lanning M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>Ste. Genevieve Mo</u> | | 23c. DATE SIGNED <u>5/6/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAY 8 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BLOOMS DALE Cemetery</u> | |
| 24d. LOCATION (City, town, or county) <u>BLOOMS DALE</u> | | 24e. (State) <u>MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. D. Karl for Gerald M. Karl</u> ADDRESS <u>Res. C. South Ste. Genevieve Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>May 10, 1950</u> | | REGISTRAR'S SIGNATURE <u>L. D. Karl</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | |

RECEIVED

MAY 15 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-691

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.....

Signed.....
Student Embalmer

Signed Albaine J. Ehler.....

..... Licensed Embalmer No. 4740

P. O. Address St. Genevieve 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.