

FILED NOV 24 1950 STANDARD CERTIFICATE OF DEATH

State File No. 9555 Registrar's No.

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 9555		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>			c. LENGTH OF STAY (in this place) <u>47 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO 2209</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3406 N. 22nd ST.</u>				d. STREET ADDRESS (If rural, give location) <u>2155 PALM ST</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>E.</u>			c. (Last) <u>EISMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9-1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 1, 1903</u>		9. AGE (In years last birthday) (Months) (Days) <u>47 yrs</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SPRINKLER WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SPRINKLER SYSTEM CO.</u>			11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRED EISMANN</u>			13b. MOTHER'S MAIDEN NAME <u>HELEN CRUSE</u>			14. NAME OF HUSBAND OR WIFE <u>IRENE EISMANN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-05-8628</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Irene Eismann</u> ADDRESS <u>2155 Palm St</u>					
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) <u>9 hr Pulmonary</u>						INTERVAL BETWEEN ONSET AND DEATH	
				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. _____							
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>002X</u>							
22. I hereby certify that I attended the deceased from <u>Aug 15, 1950</u> , to <u>Nov 9, 1950</u> (that I last saw the deceased alive on _____, 19 <u>50</u> and that death occurred at <u>6:00</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>4-1119 1918 East Grand</u>				23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>					
DATE REC'D BY LOCAL REG. <u>NOV 10 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>3934 N 20th</u>						

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *Neville D. Prohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th ST.*

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.