

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42205
Registrar's No. 10602

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (If in hospital or institution) 10 or 11 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2139		d. STREET ADDRESS 4953 REBER PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital			d. STREET ADDRESS 4953 REBER PLACE		
3. NAME OF DECEASED a. (First) Mary (Type or Print)		b. (Middle) A	c. (Last) Eisenbach		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1950.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH FEB 12 1888	9. AGE (In years last birthday) 62 YRS	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN TRACY		13b. MOTHER'S MAIDEN NAME MARY POWERS		14. NAME OF HUSBAND OR WIFE CLARENCE EISENBACH	
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 AND ADDRESS Dr. Clarence F. Eisenbach 4953 Reber Pl.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease		
			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 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)		
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 443K		
22. I hereby certify that I attended the deceased from Oct. 31, 1950 , to Dec. 11, 1950 , that I last saw the deceased alive on Dec. 11, 1950 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE George M. Janaka, D.M.H.			23b. ADDRESS 5600 Arsenal Street,		23c. DATE SIGNED 12/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE DEC-14-50	24c. NAME OF CEMETERY OR CREMATORY CAHVARV cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. DEC 12 1950		REGISTRAR'S SIGNATURE J. B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. J. Behmer 3125 Lafayette Ave	

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

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Miss

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 *Jose B. Valmiera*

Signed.....
Student Embalmer:

Licensed Embalmer No. *4044*

P. O. Address *3195 Palmyra*

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.