

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1951

State File No. **18011**
4441
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 18011		Registrar's No. 4441		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				23. STREET ADDRESS (If rural, give location) 1309 So. Broadway						
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) _____		c. (Last) EITEL		4. DATE OF DEATH (Month) (Day) (Year) MAY 9 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 6-6-1891		9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____	IF UNDER 15 MIN. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis				12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Eitel			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aloys Faenger Rt9 Box 424 LeMay, Mo.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with congestive failure. 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. Pulmonary infarction						INTERVAL BETWEEN ONSET AND 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) _____		21f. HOW DID INJURY OCCUR? Head				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 5-1-51 , 19____, to 5-9-51 , 19____, that I last saw the deceased alive on 5-9-51 , 19____, and that death occurred at 6:50A m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Jean C. Gladden M.D.				23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 5-9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-12-51	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis					
DATE SIGNED BY LOCAL REG. MAY 11 1951		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc.			ADDRESS 2301 Lafayette St. Louis		

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

A. Y. Harris

Licensed Embalmer No. *3384*

P. O. Address *2301 Tappan*

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.