

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 26 1951 STANDARD CERTIFICATE OF DEATH

State File No. **21672**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2237**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                                    |  |
| c. LENGTH OF STAY (in this place) <b>7 Mo.</b>  |  | 2169   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mt. St. Rose Hospital</b>                      |  | d. STREET ADDRESS (If rural, give location) <b>5899 Cote Brilliante Ave.</b>   |  |

|                                     |                          |                          |                            |  |
|-------------------------------------|--------------------------|--------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>August</b> | b. (Middle) <b>Henry</b> | c. (Last) <b>Eickmeyer</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>May-19-1951</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>Mar.-15-1884</b> | 9. AGE (In years last birthday) <b>67</b> | IF UNDER 1 YEAR Months <b>2</b> Days <b>4</b> | IF UNDER 24 HRS. Hours <b>1</b> Min. _____ |
|--------------------|-------------------------------|--|--------------------------------------|---|---|--|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool Hardener</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>McDonald Aircraft</b> | 11. BIRTHPLACE (State or foreign country) <b>St. Louis</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|--|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>William Eickmeyer</b> | 13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Brown</b> | 14. NAME OF HUSBAND OR WIFE <b>Helen Eickmeyer</b> |
|---|---|--|

|  |  |  |                                    |
|--|--|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>488-01-8182</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Helen Eickmeyer</b> | ADDRESS <b>5899 Cote Brilliant</b> |
|--|--|--|------------------------------------|

|   |   |         |  |
|---|---|---------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |         | INTERVAL BETWEEN ONSET AND DEATH<br><b>14 yrs.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b>  |         |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____ |         |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>  |   | 14 yrs? |  |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" 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) <b>002K</b> |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from **Oct 23, 1950**, to **May 14, 1951**, that I last saw the deceased alive on **May 18, 1951**, and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

|  |  |                                 |
|--|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>William A. Turner M.D.</b> | 23b. ADDRESS <b>16 Hampton Village Plaza</b> | 23c. DATE SIGNED <b>5/21/51</b> |
|--|--|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>5-22-1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b> |
|---|----------------------------|--|--|

|   |   |   |                           |
|---|---|---|---------------------------|
| DATE REC'D BY LOCAL REG. <b>5-22-51</b> | REGISTRAR'S SIGNATURE <b>Hubert A. Lombe M.D.</b> | 25. FEDERAL DIRECTOR'S SIGNATURE <b>Chas. F. Stuart</b> | ADDRESS <b>1225 Union</b> |
|---|---|---|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

#116 Hampton Village  
S.W. 4846

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 Clement McNeal

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.