

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40154

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10488

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u> <u>2019</u>	
c. LENGTH OF STAY (In this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>309 West Stein</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) c. (Last) <u>EIGELBERGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 13, 1952</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>July 1, 1876</u>
9. AGE (In years less birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Medarts</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist Helper</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Eigelberger</u>		13b. MOTHER'S MAIDEN NAME <u>Vermidina May</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Eigelberger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-05-1474</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emma Eigelberger</u>		ADDRESS <u>309 W. Stein</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> 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. <u>Benign Prostatic Hypertrophy</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. ALTOPSY? 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)			
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>260X</u>			
22. I hereby certify that I attended the deceased from <u>11-5-52</u> , 19 <u> </u> , to <u>11-13-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>11-13-52</u> , 19 <u> </u> , and that death occurred at <u>5:55A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm Huggins, M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>11-13-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u>		ADDRESS <u>7420 Michigan Ave.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 14 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

Oliver E. Fendler

Licensed Embalmer No. *4148*

P. O. Address.....

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.