

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33151

State File No. _____

FILED OCT 15 1953

REG. DIST. **318**

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. **9008**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>EFFINGHAM</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EFFINGHAM</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>300 South Hth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hosp.</u>		3. NAME OF DECEASED a. (First) <u>Paul</u> b. (Middle) _____ c. (Last) <u>Eiche</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9 17 53</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>Nov. 19, 1873</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHARMASIST</u>	
11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur M. ...</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>Myocarditis, Chronic</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 <u>Diabetes Mellitus, Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cataract - Bilateral, Confusional psychosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. DATE SIGNED <u>9/17/53</u>	
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) <u>4221</u>		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 <u>May 28, 1952</u> , to <u>Sept. 17, 1953</u> , that I last saw the deceased alive on <u>Sept. 16, 1953</u> , and that death occurred at <u>8:41 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Alcester, M.D.</u> (Degree or title)		23b. ADDRESS <u>325 Prince Alley St. Louis</u>	
23c. DATE SIGNED <u>9/17/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>9-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EFFINGHAM, Ill.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnson Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>SEP 17 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Effingham</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Effingham</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Franz Bronoff* _____

Licensed Embalmer No. *4356* _____

P. O. Address *St. Louis, Mo* _____

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.