

STANDARD CERTIFICATE OF DEATH

State File No. **44186**
Registrar's No. **11967**

FILED JAN 5 1954

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 Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2229 St. Louis Ave.		e. STREET ADDRESS (If rural, give location) 2229 St. Louis Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Ben		b. (Middle) Fred	c. (Last) Eichholz
5. SEX male		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Order Clerk		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH October 29, 1877
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		9. AGE (In years last birthday) 76 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 HRS.: Hours _____ Min. _____	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Anthony Eichholz	
13b. MOTHER'S MAIDEN NAME Caroline Pfeffer		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. 489-05-7039	
17. INFORMANT'S SIGNATURE OR NAME Miss Bernice Eichholz		ADDRESS 5452a Beacon Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza 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. Chronic Myocarditis	
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? H81X		22. I hereby certify that I attended the deceased from Dec 17, 1953 , to Dec 19, 1953 , that I last saw the deceased alive on Dec 17, 1953 and that death occurred at 2:15 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE Walter J. Fulkles M.D.		23b. ADDRESS 3823 N. 20th St.	
23c. DATE SIGNED 12-19-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-21-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	
25. ADDRESS 2161 E. Fair Ave.		DATE REC'D BY LOCAL REG. DEC 21 1953	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		(Licensed Embalmer's Statement on Reverse Side)	

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.....
Signature of Student Embalmer

Signed *Clement McQuay*.....

Licensed Embalmer No. *373*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.