No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10740

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 609

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEHLVILLE
c. LENGTH OF STAY (In this place): 44 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT.11, BOX 384 FORDER ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEHLVILLE 7850
d. STREET ADDRESS (If rural, give location): RT.11, BOX384 FORDER ROAD

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLINE
b. (Middle): ****
c. (Last): EIKMANN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 15, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 14, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and State or Foreign Country): MEHLVILLE? MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U?S.A.

13a. FATHER'S NAME: FRANK ARMBRUSTER
13b. MOTHER'S MAIDEN NAME: MINNIE MEYER
14. NAME OF HUSBAND OR WIFE: EDWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: EDWARD EIKMANN FORDER ROAD, MEHLVILLE MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy (Cerebral hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — Chronic

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1945, *to* May 15, 1954, *that I last saw the deceased alive on* Mar. 12, 1954, *and that death occurred at* 9:45p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy C Phipps M.D.
23b. ADDRESS: 7702 Evans Ave.
23c. DATE SIGNED: 3/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 19, 1954
24c. NAME OF CEMETERY OR CREMATORY: NEW ST. JOHN CEMETERY
24d. LOCATION (City, town, or county) (State): MEHLVILLE? MISSOURI

DATE REC'D BY LOCAL REG.: 3-16-54
REGISTRAR'S SIGNATURE: Herbert R. Donk
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. HOFFMEISTER U. & L. CO. 7814 S. BROADWAY ST. LOUIS MO.

SW (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 _____
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.