

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 2 2 4 5  
State File No.

FILED JUN 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 151

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

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Char.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>	c. CITY OR TOWN <b>Rural - St. Charles Sp.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eleanor</b> b. (Middle) _____ c. (Last) <b>Eichholz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 6, 1900</b>
9. AGE (In years last birthday) <b>57</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Parsons, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Peters</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Bosholt</b>	
14. NAME OF HUSBAND OR WIFE <b>Frank Lucas Eichholz</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>F.L. Eichholz, Saint Charles Co.,</b>	
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) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Vascular Disease</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		19. DATE OF OPERATION <b>none</b>	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____	
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 <b>June 5, 1957</b> , to <b>June 8, 1957</b> , that I last saw the deceased alive on <b>June 8, 1957</b> , and that death occurred at <b>4:40 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Donald Randall M.D.</b>		23b. ADDRESS <b>207 N. 5th St. Charles Mo.</b>	
23c. DATE SIGNED <b>June 8, 1957</b>		24. LOCATION (City, town, or county) (State) <b>Normandy, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 11, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Normandy, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 8-57</b>		REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Bensick-Nichols</b>		ADDRESS <b>St. Louis, Mo.</b>	

SEP 24 1962

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 *Frank R. Amalena*

Licensed Embalmer No. 483

P. O. Address *St. Charles*

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.