

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042816

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2255
FILED NOV 17 1958

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonhomme Township</u>		c. CITY OR TOWN <u>Bonhomme Township</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gravois Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>RR#12-Kirkwood, Mo.</u>	
Length of stay in lb <u>6 mos</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES F. EIME</u>			4. DATE OF DEATH Month Day Year <u>Oct. 25, 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 3, 1864</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Month Day	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Eime</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Koehler</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Eime</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, no, or unknown) (If yes, give branch or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>Oscar Eime-619 S. Kirkwood Rd. Mo.</u>	Address <u>Kirkwood 22,</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arterio-sclerotic heart disease</u>	
	DUE TO (c) <u>4200</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <u>July 19 1957</u> to <u>Oct 25 1958</u> and last saw him alive on <u>Oct 24 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert T. Scherer MD</u>	22b. ADDRESS <u>P.O. Box 6 Sappington, Mo</u>	22c. DATE SIGNED <u>10-27-58</u>
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23a. BURIAL, CREMATION, REQUIRY (Specify) <u>Burial</u>	23b. DATE <u>10/28/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Hill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Sappington, Missouri</u>
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24. FUNERAL DIRECTOR <u>Pfizinger Mort-Kirkwood 22, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-28-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert O. Bombe, MD</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Ben E. Lofgren*
Licensed Embalmer No. *436*
P. O. Address *Grand*

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.