

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045285

STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 305 Primary Registration District No. 4952 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wentzville ⁰⁹²⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Mitchel Henry Joseph Eisenbath			4. DATE OF DEATH Month Day Year December 5, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 24, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) McDonald Air Craft		10b. KIND OF BUSINESS OR INDUSTRY Dept. Transportation	9. AGE (In years last birthday) 40 IF UNDER 1 YEAR: Months 9 Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and state or country) Wentzville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Eisenbath		13b. MOTHER'S MAIDEN NAME Mary Koch	14. NAME OF HUSBAND OR WIFE None
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. 488-12-7163	17. INFORMANT Address Mrs. Mary Eisenbath, Wentzville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PENETRATING WOUND OF CRANIAL CAVITY			INTERVAL BETWEEN ONSET AND DEATH 1 IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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.) AUTOMOBILE ACCIDENT - WENTZVILLE, MO -	
20c. TIME OF INJURY 6:30 PM (p.m.) 12-5-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET (IN CAR)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE WENTZVILLE ST-CHAS MO	
21. I attended the deceased from 12-5-58 to 12-5-58 and last saw her/him alive on 12-5-58 Death occurred at 6:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Amis P. Helton MD		22b. ADDRESS 370 E. WOOD, TROY, MO	22c. DATE SIGNED 12/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/9/58	23c. NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery	23d. LOCATION (City, town, or county) (State) Wentzville, Missouri
24. FUNERAL DIRECTOR T.J. Pitman, Wentzville, Missouri		25. DATE RECD. BY LOCAL REG. Dec 10/1958	26. REGISTRAR'S SIGNATURE Mark G. [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, Welfare Public Service
 300
 1-57
 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.

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JAN 8 1959

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 *Carlton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address *Westville*

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.