

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002635
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY CRAWFORD		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON / Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BOURBON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL		Length of stay in 1b #4 4Y; 6M; 16das.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Unknown
3. NAME OF DECEASED (Type or print) First BARBARA Middle EIBERT Last EIBERT			4. DATE OF DEATH Month JAN. Day 5 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 31, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2 Days 5 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME - Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) AUSTRIA-HUNGARY 4		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOSEPH HELMER		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE FIDEL Eibert	
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. NONE	17. INFORMANT Address MRS. JOSEPH A WEBER 5128 GRAND ST. LOUIS, 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) Acute gastric dilatation with aspiration of vomitus					INTERVAL BETWEEN ONSET AND DEATH 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cecostomy on 12-16-58 - evidences of metastasis to fibrotic liver					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) Carcinoma of the rectum - - - - - revealed by examination 12-12-58					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis.					154x
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.)		
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	
21. I attended the deceased from June 19, 1954 to Jan. 5, 1959 and last saw her alive on Jan. 5, 1959 Death occurred at 9:30 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 1-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1/9/1958	23c. NAME OF CEMETERY OR CREMATORY SS PETER & PAUL CEM ST. LOUIS, MO.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR J L ZIEGENHEIN & SONS 7027 GRAVOIS ST. LOUIS, MO.			25. DATE RECD. BY LOCAL REG. Jan. 23, 1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 2 1934

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 *Donald E. Biny*

Licensed Embalmer No. *21863*

P. O. Address *7027 Howard St. Louis, Mo.*

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.