

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030992

FILED VS AUG 31 1959 317

Registration District No. Primary Registration District No. 546 Registrar's No. 2251 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Length of stay in 1b MONS.	c. CITY OR TOWN Overland
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Shepherd Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9444 Midland
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Zena Middle L. Eisenbeiss Last			4. DATE OF DEATH Month August Day 20 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-29-1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done) Retired Buyer - Union May	10b. KIND OF BUSINESS OR INDUSTRY Stern	11. BIRTHPLACE (City and state or country) Nashville, Ark.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas R. Lawrence	13b. MOTHER'S MAIDEN NAME Sarah R. Rosser	14. NAME OF HUSBAND OR WIFE Adolph F. Eisenbeiss.
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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. unk.	17. INFORMANT Address Mrs. L.M. Gaines; 715a Glenridge, Clayton
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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) Brunchypneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Anterograd Herpetic Disease	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anterograd Herpetic Encephalopathy	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 WORK <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 **5-1-59** to **present** and last saw her/him live on **8-19-59**
Death occurred at **8-20-59 9:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marrion Rowan MD	22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 8-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 8-21-59	REGISTRAR'S SIGNATURE John B. Murphy MD
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Muir

Licensed Embalmer No. 4011
P. O. Address St. Louis

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.