URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1960

60-028282

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7086

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1035 St. Marie St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENRY Middle LEONARD Last EISENBATH

4. DATE OF DEATH: Month July Day 12 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-13-1905
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: W. B. Knight Mach. Co. ~~Maloney Elec.~~
11. BIRTHPLACE (City and state or country): Flint Hill, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Eisenbath
13b. MOTHER'S MAIDEN NAME: Salome Schmucker
14. NAME OF HUSBAND OR WIFE: May Eisenbath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-10-5530
17. INFORMANT: Mrs. May Eisenbath, Address 1035 St. Marie St. Florissant, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma, metastatic (primary site undetermined) — INTERVAL BETWEEN ONSET AND DEATH: 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 199.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5/22/60, to 7/12/60 and last saw ~~her~~ him alive on 7/12/60
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Clubin M.D.
22b. ADDRESS: 390 St Anthony Lane Florissant Mo
22c. DATE SIGNED: 7/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-15-60
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR: The Florissant Mortuary, Florissant, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: JUL 14 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. MBC

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Director DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gene A Hitchens

Signature of Student Embalmer

Licensed Embalmer No. 4966

P. O. Address Florissant, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.