

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-036827**  
STATE FILE NUMBER

**FILED VS SEP 19 1960**

**317**

Registration District No. **541** Primary Registration District No. **2722**

Registrar's No. **2722**

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Length of stay in lb <b>YRS.</b>		c. CITY OR TOWN <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6463 Cecil Avenue</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6463 Cecil Avenue</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>FREDERICK</b> Middle <b>B.</b> Last <b>EISEMAN</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>14,</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2/28/81</b>		9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Vice President</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Benjamin I. Eiseman</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Butzel</b>				14. NAME OF HUSBAND OR WIFE <b>Justine Eiseman</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unk.</b>				16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT Address <b>Mrs. Justine Eiseman-6463 Cecil Ave</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rheumatic Heart Disease, mitral stenosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Myocardial Infarction</b>										INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>10 years</b> <b>5 years</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)									
20c. TIME OF INJURY Hour <b>12:05 A</b> Month, Day, Year <b>9/14/60</b> 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			
21. I attended the deceased from <b>1947</b> to <b>9/14/60</b> and last saw <sup>her</sup> him alive on <b>9/14/60</b> Death occurred at <b>12:05 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Llewellyn Sab. Jr MD</b> (Degree or title)				22b. ADDRESS <b>100 N. Euclid 8</b>				22c. DATE SIGNED <b>9/14/60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>9/15/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>							
24. FUNERAL DIRECTOR ADDRESS <b>Herman Rindskopf, Inc. 5216 Delmar</b>				25. DATE RECD. BY LOCAL REG. <b>9-14-60</b>		26. REGISTRAR'S SIGNATURE <b>Jahm C. Murphy Md.</b>							

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Steph Rubroull

Licensed Embalmer No. 369

P. O. Address 3744

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.