SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022505
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5642

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri
Length of stay in 1b

c. CITY OR TOWN St.Louis
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp # 1
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1204 Hickory
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Gus Middle Last Eichhorst

4. DATE OF DEATH Month June Day 15 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/14/1880

9. AGE (last birthday) 80

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) Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY Iron

11. BIRTHPLACE (City and state or country) Germany

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME August Eichhorst

13b. MOTHER'S MAIDEN NAME Augusta McCaulski

14. NAME OF HUSBAND OR WIFE Mathilda Liestritz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Mathilda Eichhorst Address %3123a Michigan

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) Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH 6 d.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Laennec's Cirrhosis — Unknown
DUE TO (c) 581.1

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 6-9-61, to 6-15-61 and last saw her/him alive on 6-15-61
Death occurred at 2:00P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Yates Trotter, Jr. MD (Degree or title)

22b. ADDRESS 1515 Lafayette Avenue

22c. DATE SIGNED 6-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/17/61

23c. NAME OF CEMETERY OR CREMATORY Old Picker

23d. LOCATION (City, town, or county) St.Louis Mo (State)

24. FUNERAL DIRECTOR E.J.Schnur ADDRESS 3125 Lafayette

25. DATE RECD. BY LOCAL REG. JUN 16 1961

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.