

AMENDED 318 Primary Registration District No. 1003 Registrar's No. 5247 STATE FILE NUMBER

Registration District No. 318, Primary Registration District No. 1003, Registrar's No. 5247, STATE FILE NUMBER -61-022508

FILED JUN 16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (if outside, give location) 6615 Wise Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last GUSTAVE EISEFELDT			4. DATE OF DEATH Month Day Year June 3, 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1877	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min. 2 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter (Ret)		10b. KIND OF BUSINESS OR INDUSTRY Pipe fitting	11. BIRTHPLACE (City and state or country) Brooklyn, New York	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Gustave Eisfeldt		13b. MOTHER'S MAIDEN NAME Caroline Hellas		14. NAME OF HUSBAND OR WIFE Margaret Cass Eisfeldt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Mr. Gus Eisfeldt 6603 Wise Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	Interval between onset and death
Acute myocarditis	24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Carcinoma of Rectum	unknown
DUE TO (c) Peritonitis 154x	24 hrs.

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 May 11, 1961 to June 3, 1961 and last saw him alive on June 3 1961

Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Harold E. Walters MD

22b. ADDRESS
3720 Washington

22c. DATE SIGNED
6/5/61

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

23b. DATE
June 6, 1961

23c. NAME OF CEMETERY OR CREMATORY
Oak Grove Crematory

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

24. FUNERAL DIRECTOR ADDRESS
Ambruster Mortuary 6633 Clayton Road

25. DATE RECD. BY LOCAL REG.
JUN 5 1961

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

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Arvid J. Tanner*

Licensed Embalmer No. 4788

P. O. Address 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.