

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007995

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1811**

STATE FILE NUMBER

FILED FEB 23 1962

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.		d. STREET ADDRESS (If outside, give location) 3764 Taft Ave.,	
3. NAME OF DECEASED (Type or print) First Otto Middle Julius Last Eichhorn		4. DATE OF DEATH Month Feb. Day 12, Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 72 yrs.
13a. FATHER'S NAME August Eichhorn		13b. MOTHER'S MAIDEN NAME Bertha Seeber	11. BIRTHPLACE (City and state or country) St. Louis Mo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Address Marie Eichhorn 3764 Taft	
18. CAUSE OF DEATH (Enter only one cause per line for Part I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Coronary artery, Sclerosis + Spasm DUE TO (b) Carcinoma, Hepatic Flexure, Colon DUE TO (c) Partial obstruction due to Ca of Colon.			INTERVAL BETWEEN ONSET AND DEATH 20 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153.1			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 6:50 P.M. a.m. p.m. Month, Day, Year	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.) Feb. 11-1962		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Feb. 11-1962 to Feb. 12, 1962 and last saw her/him alive on Feb. 12, 1962		Death occurred at 6:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) Edward J. Jordan M.D.		22b. ADDRESS 1755 South Grand Blvd.,	22c. DATE SIGNED Feb. 13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 15, 62	23c. NAME OF CEMETERY OR CREMATORY Resurrection	23d. LOCATION (City, town, or county) (State) St. Louis Cty Mo.
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur Funeral Home - 3125 Lafayette St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. FEB 13 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

5 DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF Hospital, 1 Day, 4 DOCUMENT MEDICAL CERTIFICATE

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 Joseph 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.