

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Missouri Baptist Hospital**) File No. **14179**
 Registered No. **3313**
 St. Ward)

2. FULL NAME

(a) Residence, No. **4237 Red Bug Ave.** Ward. **10**
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Anna M. Eickermann</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 14, 1868</i>		
7. AGE YEARS <i>65</i>	MONTHS <i>3</i>	DAYS <i>18</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Blacksmith</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
FATHER	13. NAME <i>George Eickermann</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Baden Germany</i>	
MOTHER	15. MAIDEN NAME <i>Katharine Embrosen</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Warbyberg Germany</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Anna M. Eickermann 4237 Red Bug Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Friedens</i> DATE <i>April 4, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Matth. Hermann & Son 3161 East 1st Ave.</i>		
20. FILED <i>APR 2 1934</i> <i>J. T. Brudeck</i> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 1, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 3 - 1934* to *Apr 1 - 1934*
 I last saw him alive on *Apr 1, 1934*. Death is said to have occurred on the date stated above, at *5:10 P.M.*
 The principal cause of death and related causes of importance were as follows:
Appendicitis (Ruptured) Date of onset
14/1/34
 Other contributory causes of importance
Prostateitis, Arteriosclerosis

Name of operation *Appendectomy* Date of *3-24-34*
 What test confirmed diagnosis *Clinical* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify.....
 (Signed) *A. A. White* M.D.
 (Address) *919 N. Taylor St. St. L.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

