

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. Enroute, to City Hospital, #1 St. 9 Ward)

File No. 18481
Registered No. 5057

2. FULL NAME Mary Eichhorn

(a) Residence, No. 3122 Utah St., 16 Ward.

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leopold Eichhorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19th, 1853.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 83 4 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mae Hufnagel 3122 Utah St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May, 20th, 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED MAY 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 17th, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 7, 1936 to May 17, 1937
I last saw her alive on May 17, 1937. Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Physic Was there an autopsy? No

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) Halter & Mellies, M. D. (Address) 3825 S. 20th St.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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