

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUN 9 1938

17021
Do not use this space.

791
1008

4882

1. PLACE OF DEATH St. Louis Maternity Hospital

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City St. Louis, Mo (d) Street No. St. Louis Maternity Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eisenhauer, Infant 256

(a) Residence, No. Rt # 1 Hillsboro, Mo St. RP
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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) St. Louis, Mo

13. NAME Eisenhauer, Lester William

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro, Mo

15. MAIDEN NAME Cage, Norma Marie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City, Mo

17. INFORMANT (ADDRESS) Infant Eisenhauer Hillsboro Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Wash, Univ. MAY 27 1938

19. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology Washington University

20. FILED MAY 27 1938 J. T. Brubaker

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938 to May 17, 1938

I last saw him alive on May 17, 1938 Death is said to have occurred on the date stated above, at 9:20 P.m.

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

Prematurity
2 weeks

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) H. Hauptmann M. D.
(Address)

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STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)