

DEC 12 1938

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

37665

Do not use this space.

791

1008

Registered No. 9992

1. PLACE OF DEATH

(a) County..... Registration District No. ....  
(b) Township..... Primary Registration District No. ....  
(c) City of St. Louis (d) Street No. City Hospital No. 1 St. 1  
(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. da.

2. PRINT FULL NAME

Charles Eigelberger  
(a) Residence, No. 1209 Lami St. 23  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5, -1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
68 0 12

OCCUPATION 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. nil  
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, Missouri

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Bernardine May

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Pater-Paul DATE Nov. 21st. 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle  
2331 S. Broadway

20. FILED NOV 19 1938 J. P. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/38 19..

22. I HEREBY CERTIFY, That I attended deceased from 11/12/38 19.. to 11/17/38 19..

I last saw h. him alive on 11/17/38 19.. Death is said

to have occurred on the date stated above, at 7.30 p

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

Cerebral thrombosis  
Myocardial infarction  
Pneumonia

Date of onset

Other contributory causes of importance:  
generalized arteriosclerosis

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?.....

If so, specify.....

(Signed) Edward J. Weiss M. D.

(Address) City Hospital No. 1

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

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.....

*Robert Wheeler*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.



