

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

2213
Do not use this space.

RECORDED 6 1939

1. PLACE OF DEATH

(a) County Franklin 2 Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 10
 (c) City Washington, Mo (d) Street No. 321 E. 5th St. Washington Mo 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 42 yrs. 11 mos. 23 ds. (f) How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 321 E. 5th St. Washington Mo (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Emma Eissele OR WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1896

7. AGE YEARS 42 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Concrete Work
 9. Industry or business in which work was done, as saw mill, bank, etc. Cement Work Contractor
 10. Date deceased last worked at this occupation (month and year) Jan 1936 11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

FATHER 13. NAME John Eissele, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

MOTHER 15. MAIDEN NAME Bertha Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie Mo

17. INFORMANT Erwin Eissele (ADDRESS) Washington - Mo

18. BURIAL, CREMATION, OR REMOVAL Washington Mo DATE 1-23-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neuberg & Co Washington Mo

20. FILED Jan 22 - 1939 H.A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21 - 1939

22. I HEREBY CERTIFY That I attended deceased from April 24 1935, to Jan. 21 1939
 I last saw him alive on Jan. 21 1939. Death is said to have occurred on the date stated above, at 7:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma following peptic ulcer
 Date of onset Apr. 24 1935
ulcer about Feb. 1938
carcinoma

Other contributory causes of importance: Starvation

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? yes

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.A. May M. D.
 (Address) Washington, Mo.

MAR 22 1945

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,

Lester H. Vitt

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Lester H. Vitt

Licensed Embalmer No.

3254

P. O. Address

Washington, Md

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