

6260 MAR 21 1939

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

Do not use this space.

36

1. PLACE OF DEATH

County Franklin  
Township Central  
City St. Clair Mo. (No. 142)

Registration District No. 294  
Primary Registration District No. 417

File No. 6445  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Belle Louisa Eilsizer

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred life 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 ♀ 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 Arnold Eilsizer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1918

7. AGE YEARS 21 MONTHS 1 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) St. Clair Mo.

13. NAME Rube Deaton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

15. MAIDEN NAME Amata Stahlman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

17. INFORMANT Mrs. Rube Deaton (ADDRESS) St. Clair Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Olds Fellowship Cemetery DATE March 6, 1939

19. UNDERTAKER Wm. Casey & Co. (ADDRESS) St. Clair Mo.

20. FILED 3/16 1939 W. A. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1936, to March 4, 1939  
I last saw her alive on March 4, 1939. Death is said to have occurred on the date stated above, at 3:05 P. m.

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

acute Carditis due to Pulmonary Hemorrhage Influenza (Flumonia)

Other contributory causes of importance: acute nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) C. F. Biegleb, M. D.  
(Address) St. Clair, Mo.

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.

Date of onset March 3/39  
Feb 26/39  
Feb 28/39

