

1939 APR 12 1939

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

9132  
Do not use this space.

1. PLACE OF DEATH  
 (a) County 3 Registration District No. 791  
 (b) Township 1 Primary Registration District No. 1003 Registered No. 2897  
 (c) City St. Louis (d) Street No. Little Sisters of the Poor 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. da.  
 2. PRINT FULL NAME William Eickmeyer  
 (a) Residence, No. 2209 Hebert st. St. 20 (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1850  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 8 16  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 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) New Minden Germany

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Anna England  
 (ADDRESS) 334 Placid ave. Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Peters Cem. DATE March 28 1939

19. FUNERAL DIRECTOR C. Hofmeister U.A.L.Co.  
 (ADDRESS) 7814 S. Broadway

20. FILED MAR 27 1939  
J. B. Budak  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 19 39

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939 to March 25, 1939  
 I last saw him alive on March 25, 1939 Death is said to have occurred on the date stated above, at 9.30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Coronary Atherosclerosis  
 Date of onset  
 Other contributory causes of importance:  
 Name of operation None Date of  
 What test confirmed diagnosis? Chmical 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) Anthony A. Piekarski M.D.  
 (Address) 1525 a Cass Ave.

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.

1525  
9:30 to 11 a.m.  
Cowan

STATEMENT BY LICENSED EMBALMER

I, L. Hoffmeister, Licensed Embalmer No. 3871

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed L. Hoffmeister  
Licensed Embalmer No. 3871

**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.)**