

1250 APR 12 1939

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

9230
Do not use this space.

2995

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. 3970a North 11th Street 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 JOHN C. EYLESHEIMER

(a) Residence, No. 3970a North 11th Street St. 26 (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 (nee Mckenzie) Alice M. Lonergan Eyclesheimer
(OR) WIFE OF HUSBAND OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 1 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as saw mill, bank, etc. Union Market
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

13. NAME Charles Eyclesheimer

14. BIRTHPLACE (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Ill

15. MAIDEN NAME Mary Kayting

16. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Alice M. Eyclesheimer
(ADDRESS) 3970a North 11th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 1, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED J. D. Braddock
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939 to March 29, 1939
I last saw him alive on March 29, 1939. Death is said to have occurred on the date stated above, at 10:10 AM
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis
Date of onset 1-1-39

Name of operation Date of
What test confirmed diagnosis Autopsy 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?
If so, specify (Signed) Thurmond G. Gwynn
(Address) 3802 N. Shaw St. St. Louis

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

William G. Buehler

Licensed Embalmer No.

2160

P. O. Address

St. Louis

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.