

## STANDARD CERTIFICATE OF DEATH

State File No. 23803Registrar's No. 6076Registration District No. 791

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

1003

- (a) County \_\_\_\_\_ 2
- (b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
4550 Clayton Ave  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: \_\_\_\_\_ In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)
- In this community Whole Life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Frank H. Eickmeier 25b3. (b) If veteran, name war. None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife. Catherine Eickmeier 6. (c) Age of husband or wife if alive. 66 years7. Birth date of deceased. Dec 25 1868  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
70 6 14 11 hr. 20 min.9. Birthplace. St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation. Bricklayer11. Industry or business. Retired Contractor12. Name Pater Eickmeier 613. Birthplace Germany 9  
(City, town, or county) (State or foreign country)14. Maiden name Margaret Huntzel15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature. Mrs Catherine Eickmeier(b) Address. 4550 Clayton Ave17. (a) Burial (b) Date thereof. 7 12 39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation. Calvary Cemetery18. (a) Signature of funeral director. Kriegshauser Und Co(b) Address. 4228 So. Kinghighway Blvd19. (a) Jul 10 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State. Missouri (b) County 1
- (c) City or town. St. Louis 18  
(If outside city or town limits, write "RURAL")
- (d) Street No. 4550 Clayton Ave  
(If rural, give location)
- (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 =  
year 1939 hour 12 minute 10 M M.21. I hereby certify that I attended the deceased from 6-21-39  
\_\_\_\_\_, 19\_\_\_\_, to 7-8-39, 19\_\_\_\_;  
that I last saw ~~her~~ her alive on 7-8-, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to lung cancer  
toxic  
Due to arteriosclerosisOther conditions 107 97  
(include pregnancy within 3 months of death)Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations noneOf autopsy none22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature Albert J. Coughlin (M. D. or \_\_\_\_\_)Address 4575 about Date signed 7/10/39

**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 *Reinhold K. Lahmann*

Licensed Embalmer No. *3395*

P. O. Address.....

**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.**