

BUREAU OF THE CENSUS
SEP 14 1939

791

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

6962

Registration District No.

1008

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexian Bros. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether _____)

In this community:
years, months or days3. (a) PRINT FULL NAME Joseph Eike Sr.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if _____7. Birth date of deceased March 15 1863
(Month) (Day) (Year)8. AGE: Years 76 Months 4 Days 24 If less than one day _____ hr. _____ min.9. Birthplace St. Paul Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter
11. Industry or business Retired 8 yrs.12. Name Don't know13. Birthplace Unk
(City, town, or county) (State or foreign country)14. Maiden name Don't know
15. Birthplace Unk
(City, town, or county) (State or foreign country)16. (a) Informant's own signature A. Frank Eike
(b) Address 4124 Louisiana Ave17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 1939
(Month) (Day) (Year)(c) Place: burial or cremation SS. Peter and Paul18. (a) Signature of funeral director J. H. Hobbes L.L.C.
(b) Address 2842 Maramec St.19. (a) AUG 11 1939 (b) J. H. Hobbes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis [15]
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4124 Louisiana Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1939 hour 3 minute 35 A. M.21. I hereby certify that I attended the deceased from March 3, 1939, to Aug 9, 1939;
that I last saw him alive on Aug 9, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic Interstitial Nephritis Duration 5 yearsDue to Corruption Cardiac
Due to Failure 7 daysOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. 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)
(e) Means of injury _____23. Signature Adam G. Youngman (M. D. or other) 6/1
Address 4124 Louisiana Ave Date signed 8/13/39

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.....

Robert F. Gebken

....., Registered Apprentice No. **187**

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

P. O. Address **2842 Meramec St.**

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.