

11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13244

State File No.

3446

MAY 15 1940 791
Registration District No.

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
121 Eiler St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 121 Eiler
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14th
year 1940 hour _____ minute 6 P. M.
21. I hereby certify that I attended the deceased from Apr 14, 1940
to April 14, 1940
that I last saw her alive on April 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Retire abscess
Due to Undetermined
Probably due to malignant
Due to gastroch Primary at
pinkston
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

undetermined

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations: 53
Of autopsy: _____

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?
_____ (Specify type of place)
_____ while at work? _____ Means of injury _____

23. Signature Robert Miller (M. D. or other) _____
Address St. 350 Grand Date signed 4/15/40

3. (a) PRINT FULL NAME Olivia Eichelberger ²⁴¹

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Mar.

6. (b) Name of husband or wife John D. Eichelberger 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 11-1-1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

12. Name Max Hintner

13. Birthplace Mo
(City, town or county) (State or foreign country)

14. Maiden name Pauline Langley

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Eichelberger

(b) Address 121 Eiler

17. (a) Burial (b) Date thereof 4-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk

18. (a) Signature of funeral director Southern Funeral
(b) Address 1222 S. Grand
19. (a) APR 16 1940 (b) _____
(Date received local registrar) (Registrar's signature)

~~Dr. Perwood~~
3115 S. Grand
~~to 2-12-30~~

2. 5 - 30
Dr. Robert Mueller

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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.