

FILED AUG 5 1940

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1339

1. PLACE OF DEATH:

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

8. (a) PRINT FULL NAME Ernest Eickermann 265

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maggie Eickermann 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 27 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Artist

11. Industry or business \_\_\_\_\_

12. Name Fred Eickermann

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

14. Maiden name Mary Ball

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

16. (a) Informant Fred B. Mittelberg

(b) Address Pacific, Mo.

17. (a) Burial (b) Date thereof 7-19-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manchester Cemetery

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address Manchester, Mo.

19. (a) JUL 19 1940 (b) Dr. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Eureka  
(If outside city or town limits write "RURAL")  
(d) Street No. Back of Methodist Church  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16  
year 1940 hour 10 minute 0 p. M.

21. I hereby certify that I attended the deceased from 5-14-40  
\_\_\_\_\_, 19\_\_\_\_, to 7-16-40, 19\_\_\_\_;  
that I last saw him alive on 7-16-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate 1 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Dr. Meyer (M. D. or other) \_\_\_\_\_  
Address St. Louis Co. Mo. Date signed \_\_\_\_\_

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

6  
22  
2

**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

*J. G. Sullivan*

Licensed Embalmer No. *1122*

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.**