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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26241

Registration District No. 284 Primary Registration District No. 113 Registrar's No. 1338

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Florrisant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 990 St. Francois
(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) 25 b

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town Florrisant
(If outside city or town limits, write "RURAL")
(d) Street No. 990 St. Francois
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Adolph F. Eickmeyer
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Eickmeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 18 (Day) 1860 (Year)

8. AGE: Years 79 Months 6 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Cabinet Maker
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Anna Bachmann
(b) Address 4354 Laclede
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1233 Union Blvd.
19. (a) JUL 18 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1940 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from June 13, 1940 to July 16, 1940 that I last saw him alive on July 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93c

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. C. Ahrens (M. D. or other)
Address F. Corrissant, Mo. Date signed July 16

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union, Blvd.

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.