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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30645**
Registrar's No. **7922**

Registration District No. **79125** Primary Registration District No. **1003**

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:
2834a Pennsylvania Ave.
(If not in hospital or institution, write street number or location) **IV**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **JOHN H. EIKE (EIKER)**
3. (b) If veteran, name war **-----**
3. (c) Social Security No. **493-09-6749**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **December 25 1883**
(Month) (Day) (Year)

8. AGE: Years **56** Months **8** Days **28** If less than one day hr. _____ min. _____

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

10. Usual occupation **Beer Bottler**

11. Industry or business **Anheuser-Busch**

12. Name **Robert Eike**

13. Birthplace **O'Fallon Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Boeding**

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

16. (a) Informant **Anna Eike**
(b) Address **2834a Pennsylvania Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 26, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter & Paul Cemetery**

18. (a) Signature of funeral director **H. K. Kibben Dir. & Mgr. Co.**
(b) Address **2842 Meramec St.**

19. (a) **SEP 23 1940** (b) **J. H. [Signature]**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **24**
(If outside city or town limits, write "RURAL")
(d) Street No. **0 2834a Pennsylvania Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23**
year **1940** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **April 8th**, 19**39**, to **Sept 23**, 19**40**
that I last saw him alive on **Sept 20**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis - Abdominal**

Due to **Adeno-Carcinoma Ascending Colon**

Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **4/20/39 - adeno. carcinoma ascending colon - resection**
Of operations _____
Of autopsy _____

Duration _____
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 **Percy W. Powers** (M. D. or other) **M. D.**
Address **25318. Jefferson** Date signed **9/23/40**

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

MOTHER FATHER

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Robert F. Gebken

Licensed Embalmer No. 4144

2842 Meramec St.

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, fact should be so stated above.