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X23159

NO FEB 25 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 391

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 391

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Park Lane Memorial Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Augusta M. Eisenhardt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color Wh 6. Single, widowed, married

7. Birth date of deceased July 6 1871

8. AGE: Years 69 Months 6 Days 6 If less than one day _____

9. Birthplace Florence Missouri

10. Usual occupation Housework

11. Industry or business at home

12. Name John Gerken

13. Birthplace 4 Germiary

14. Maiden name Mary Kreutzler

15. Birthplace Missouri

16. (a) Informant Lillie Eisenhardt

(b) Address 9528 Midland

17. (a) Burial (b) Date thereof Jan 15 1941

(c) Place: burial or cremation Chas. S. Stuart

18. (a) Signature of funeral director Chas. S. Stuart

(b) Address 1225 Union Blvd.

19. (a) JAN 14 1941 (b) J. H. Bredek

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 9528 Midland
(e) If foreign born, how long in U. S. A. MIDLAND years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 12
year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 12
1941 to Jan 12 1941
that I last saw him alive on Jan 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death urine poisoning caused by chronic nephritis
Due to _____

Other conditions Coronary atherosclerosis
(Include pregnancy within 3 months of death) 2 days

Major findings: Of operations no Of autopsy no
1316

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Merle Bon (M. D. or other) _____
Address 1492 Hodiament Date signed 1/13/41

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.....

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

Signed *Bernard W. 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, fact should be so stated above.

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Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME Augusta M Eisenhardt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St. Louis N. P.
(If outside city or town limits, write "RURAL")

(d) Street No. 9528 Midland
(If rural, give location)

(e) Citizen of foreign country? Overland (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 17
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Other conditions _____
(Exclude pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Miss Bone (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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.....

Licensed Embalmer No.....

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, fact should be so stated above.