

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3767

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:
5029 Vernon Ave. (residence) /
(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 ADOLPH F. EISENBEISS.

3. (b) If veteran, name war none
8. (c) Social Security No. 492-03-2802

4. Sex male ()
5. Color or race white.
6. (a) Single, widowed, married, divorced / married.

6. (b) Name of husband or wife Zana L. Eisenbeiss.
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February, 28, 1882.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59.</u>	<u>2.</u>	<u>3.</u>	hr. _____ min.

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

10. Usual occupation Vice-president & manager

11. Industry or business Diamond Dep't. Eisenstadt Mfg

MOTHER FATHER {
12. Name Frederick Eisenbeiss.
13. Birthplace Saxony, Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Dorothea Steinmeyer.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Zana L. Eisenbeiss.

(b) Address 5029 Vernon Ave., St. Louis,
burial, (b) Date thereof May 3, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blv'd., St. Louis, Mo.

19. (a) MAY 2 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 1762
(d) Street No. 5029 Vernon Avenue.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1941 hour 3:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug. 24
1941 to May 1st 1941;
that I last saw him in alive on Oct 7th 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Co.

Major findings: Of operations _____

Of autopsy [Signature]

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 Louis J. Astham (M. D. or other) 0
Address 9720 Washington Date signed 5-2-41

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

00
17
9

3710 Washington
JE - 7964
MRS - 1:30 - 5 P.M.

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 Clarence A. Murray
Licensed Embalmer No. 4011
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.