

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16349
3867
Registrar's No. _____

Registration District No. 791

Primary Registration District No. _____

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:
4504 S. Grand Blvd.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4504 S. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Minnie F. Eiswirth

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 1 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 - 5 hr. min.

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

10. Usual occupation House Work

11. Industry or business At Home

MOTHER FATHER { 12. Name Christopher Frank

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

14. Maiden name Minna Linnemann

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

16. (a) Informant's own signature Geo. Eiswirth

(b) Address 4504 S Grand Blvd.

17. (a) Burial (b) Date thereof 5-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director H. Schumacher
(b) Address 3013 Meramec St.

19. (a) MAY 7 1941 (b) J. W. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1941 hour _____ minute 2 A. M.

21. I hereby certify that I attended the deceased from Feb 25 1941 to May 6 1941
that I last saw her alive on May 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to _____
Due to Chronic Myocarditis
Other conditions Chronic Nephritis
(Include pregnancy within 9 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underlines 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) (a) Means of injury _____

23. Signature Otto B. Hanser M.D. (M. D. or other) _____
Address 3157 1/2 Park Date signed 5/7/41

3/17 Park
10:30 - 12

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.....

Clarence Lockow

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence Lockow

Licensed Embalmer No. *3093*

P. O. Address *Bo 13 Meramec*

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.