

DEC 22 1941 791

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
In this community Born here (Specify whether years, months or days)

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") 17
(d) Street No. 3417 Oregon Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. No Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1941 hour 2 minute P. 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: Gunshot wound of the head
Self-inflicted in the basement
of his home 3417 Oregon Ave
Nov 4 - 1941 about 12 noon
While suffering from temporary
mental aberration

Other conditions (Include pregnancy within 3 months of death)
Major findings of operations: 164 Pending
Of autopsy: M
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Benjamin F. Eyermann

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased March 5 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 29 hr. min.

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

10. Usual occupation Foreman Street Department

11. Industry or business City of St. Louis

12. Name Unknown

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

14. Maiden name Henrietta Weidner

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

16. (a) Informant Mrs. Henrietta Eyermann

(b) Address 3417 Oregon Avenue

17. (a) Burial (b) Date thereof Nov. 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 So. Grand Blvd.

19. (a) NOV 6 1941 (b) J. F. Bruckack
(Date received local registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov 4 - 1941
(c) Where did injury occur St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
While at work? (Specify type of place) (e) Means of injury

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 11/5/41

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

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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.....

3880

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, above space should be left blank.