G. No. 2
—1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40043

State File No. 9755

Registration District No. 791

Primary Registration District No.

Registrar's No.

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: 4318 Tholozan

(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 Missouri (b) County

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

(d) Street No. 4318 Tholozan Avenue (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Earl John Eichhorn

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-0372

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dorothy

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September (Month) 8, (Day) 1897 (Year)

8. AGE: Years 44 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Bookbinder

11. Industry or business

FATHER 12. Name Edward Eichhorn

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

MOTHER 14. Maiden name Anna Groene

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

16. (a) Informant Dorothy Eichhorn

(b) Address 4318 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation SS. PETER & PAUL CEM

18. (a) Signature of funeral director John H. Gilkeson Sons

(b) Address 2630 Gravois Av.

19. (a) DEC 9 1941 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 5th, 1941, to Dec 6, 1941; that I last saw him alive on Dec 5th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Obstruction of bowels	24 hrs
Due to: Manic-depressive Condition	
Due to: Cardiac Condition plus Coronary Thrombosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Gyn	
Of autopsy: Hemorrhages in gyn & bowel	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leon A. P. Stein (M. D. or other)

Address 2211 Gravois Date signed 12/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebhart

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Av.

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.