

No. 2
M-5-43
5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4184
Registrar's No. 1359

FILED FEB 24 1945
Registration District No. 218

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Hugo E. Sweigart Eisinger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary E

6. (c) Age of husband or wife if alive 8.35 PM

7. Birth date of deceased July 17 1876
(Month) (Day) (Year)

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

68 6 22 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Johnson Tie Co

MOTHER FATHER { 12. Name Sebastian Eisinger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary E Sweigart

15. Birthplace Belleville 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Niebling

(b) Address 5204 So. Kingshighway

17. (a) Burial (b) Date thereof 2/2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director KRUEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) FEB 12 1945 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County N.R.

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

(d) Street No. 6000 Jarvis Pl East St. Louis
(If rural, give location)

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

If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1945 hour 8.35 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 25 1945, 19____, to 2-9-45, 19____; that I last saw him alive on 2-9-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-vascular disease 1 year

Due to Prostatic hypertrophy 1 year

Gangrene (left leg) 5 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. Bredbeck (M. D. or other)

Address 4523 S. Kingshighway Date signed 2/10/45

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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..... *Edwin D Mc Dermott*

Licensed Embalmer No. *3024*

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.