

FILED JUN 9 1945

818

Primary Registration District No.

1003

Registrar's No.

4818

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:
391 1/2 South Compton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 77 years
years, months or days) (Specify whether)

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. 391 1/2 South Compton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

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3. (a) PRINT FULL NAME

Mrs. Louise Eitzman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Diedrich Eitzman 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 21, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Christ Brockmeier
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Krah
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter Eitzman
(b) Address 5435 Christy

17. (a) Burial (b) Date thereof 5-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis, Mo.

19. (a) MAY 31 1945 (b) J. F. Bredeck
(Data received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28,
year 1945 hour 1: minute 00 P. M.

21. I hereby certify that I attended the deceased from 5/28
1945, to 5/28, 1945
that I last saw him alive on 5/28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis 2yr
Hypertension
Due to.....
Due to.....

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) (e) Means of injury.....

23. Signature Harold Drace (M. D. or other)
Address 3707 Graves Date signed.....

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

Dr. C. C. Drace, Sr.
3702 Gravois.
11-1

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..... *Delis J. Krupar*

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis*

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.