

9-1 X32873

**FILED NOV 27 1945**

Registration District No. ....

Primary Registration District No. ....

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

1. PLACE OF DEATH: **A**  
 (a) County **Saint Louis, Missouri.**  
 (b) City or town **Saint Louis, Missouri.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Booth Memorial Hospital.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **0** (Specify whether  
 In this community **0** years, months or days)

3. (a) PRINT FULL NAME **Helen Eigelberger**  
 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 **Married**  
 6. (b) Name of husband or wife **Milton F. Eigelberger** 6. (c) Age of husband or wife if alive **41** years  
 7. Birth date of deceased **June 15th, 1906.**  
 (Month) (Day) (Year)

8. AGE: Years **39** Months **4** Days **25** If less than one day hr. min.

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

10. Usual occupation **At Home.**

11. Industry or business .....

MOTHER FATHER { 12. Name **Adolph Keller**  
 13. Birthplace **Saint Louis, Missouri.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Lena Diensgenbach**  
 15. Birthplace **Saint Louis, Missouri.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Milton F. Eigelberger**  
 (b) Address **1209a Shenandoah Ave.**

17. (a) **Burial** (b) Date thereof **Nov. 14, 1945.**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter and Paul's**

18. (a) Signature of funeral director **Ziegenhein Bros**  
 (b) Address **6409 Gravois. Ave.**

19. (a) **NOV 13 1945** (Date received local registrar)  
**J. B. Bredesch** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri.** (b) County **St. Louis**  
 (c) City or town **Saint Louis.** (If outside city or town limits, write "RURAL")  
 (d) Street No. **1209a Shenandoah Ave.** (If rural, give location)  
 (e) Citizen of foreign country? **1** (Yes or No)  
 If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **10th.**  
 year **1945.** hour **5** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **10-1-45**  
 to **11-10-45.**  
 that I last saw her **11-10-45** alive on **11-10-45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage** Duration **1 hour**  
 Due to **Placenta Praevia centralis** **6 mo.**

Due to **Pregnancy** **7 mo**

Other conditions (Include pregnancy within 3 months of death) **Pregnancy**

Major findings: Of operations **H** PHYSICIAN  
 Of autopsy ..... 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?  
**emetry**

While at work? (Specify type of place) (e) Means of injury

23. Signature **Steve S Jones** (M. D. or other) **MD**  
 Address **3616 S. Brady** Date signed **11-12-45**

**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

*Homer N. Prutz*

Licensed Embalmer No. *3882*

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.**