S. No. 2
M—8-43
r. 5-17-39
I X37823

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

13572

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1946 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14672

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3359

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: City Sanitarium O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8yrs 2mos 26ds. (Specify whether years, months or days)

In this community 39 years

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. 1069a Hodiamont Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JULIUS C EISENREICH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March (Month) 16 (Day) 1907 (Year)

8. AGE: Years 39 Months 0 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Elder Shirt Co

FATHER
12. Name Anton E. Eisenreich
13. Birthplace Hamberg (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Clara Blumenthal
15. Birthplace Hamberg (City, town, or county) Germany (State or foreign country)

16. (a) Informant Thelma A. Dingler
(b) Address 5400 Arsenal St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves 19 Mo.

19. (a) APR 12 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1946 hour 7:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 15, 1945 to April 11, 1946 that I last saw him alive on April 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tabo-Paresis	1936x
Syphilis	1936x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy Yes

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 Leopold H. Wallau M.D.
Address 5400 Arsenal St Date signed 4/11/46

(Licensed Embalmer's Statement on Reverse Side)

(HOFSTATTER)

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address 340 W. Adams Kirkwood 22 Mo.

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.