

FILED SEP 24 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 4466

Registrar's No. 1830

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Shrewsbury, 19  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5125 Michael Lane  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 10 days  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nil  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7108 Winona  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clara D. Eisenreich

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anton E. Eisenreich 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased May 25 1865  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Wm. Rosenthal

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

14. Maiden name Mollie Smith

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Willson

(b) Address 5125 Michael Lane

17. (b) Cremation (b) Date thereof 9-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address Webster Groves, 19 1/2

19. (a) 9-5-46 (b) Arthur P. Allen MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1, year 1946, hour 5 minute 45 a. M.

21. I hereby certify that I attended the deceased from June 1946 to Sept 1946  
that I last saw her alive on Aug 31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Due to Metastatic Carcinoma

Duration 3 days

Due to Primary Carcinoma of Breast

1 1/2 yrs

Other conditions 50  
(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 J

23. Signature R. M. Keller M.D. (M. D. or other) Address 3244 South Ave St Louis Date signed 9-2-46

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

16  
15  
0

MOTHER FATHER

Mo.

JAN 12 1948

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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.....

*Yon M. Simon*

Licensed Embalmer No. *4343*

P. O. Address. *1415 3rd Ave SE  
Hempstead, Va*

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.