

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35083

State File No.

FILED OCT 28 1946

Registrar's No. 8971

Registration District No. 318

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County.....
(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:
Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Pernod Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME E. F. Eike

3. (b) If veteran, name war World War 1
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 Regina 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sep't. 2 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 1 16 hr. min.

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

10. Usual occupation Ass't. Cashier

11. Industry or business N. Y. Life Ins. Co.

MOTHER FATHER

12. Name Joseph Eike

13. Birthplace St. Paul Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Winkels

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Regina Eike

(b) Address 5400 Pernod Ave.

17. (a) Burial (b) Date thereof 10 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) OCT 20 1946 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th
year 1946 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 46
19 to Oct 18 1946
that I last saw him alive on Oct 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic
Nephritis Chronic
Due to Myocarditis
Due to Myocarditis

Duration

about 10 years

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 Paul Brown (M. D. or other) MD
Address Paul Brown Date signed Oct 19 46

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

Richard W. Stovesand

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.