

S. No. 2
 M-8-43
 v. 5-17-39
 923

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7215
 Registrar's No. 275

Registration District No. 317 Primary Registration District No. 3066

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Kirkwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
U.S. Marine Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether
 In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Joseph F. Eickenhorst
 3. (b) If veteran, name war no
 3. (c) Social Security No. 702-18-3080

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Eickenhorst 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased November 7th 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>1</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation Engineer

11. Industry or business Steamer Ste. Genevieve

12. Name J. F. Eickenhorst
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Theresa Brueggemann
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical records
 (b) Address U.S. Marine Hosp., Kirkwood, Mo.

17. (a) Removal (b) Date thereof 2-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Genevieve

18. (a) Signature of funeral director [Signature]
 (b) Address [Address]
 19. (a) 2-10-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 95
 (c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")
 (d) Street No. 1009 Ridgeway Ave.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th
 year 1947 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from February 1st, 1947, to February 8th, 1947;
 that I last saw him alive on February 8th, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar
organism unknown Duration 4 days
Coronary Occlusion 0 10 days

Due to Infarction of Myocardium due to Arteriosclerotic Coronary
 Thrombosis Unknown

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 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) X
 (b) Date of occurrence X
 (c) Where did injury occur? X (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? X (Specify type of place) (e) Means of injury X

23. Signature [Signature] (M. D. or other) _____
 Address J. L. James, Surg. USPHS, U.S. MARINE HOSPITAL, KIRKWOOD, MO. 9-47

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

Sr. Surgeon, Med. Off. in Charge

FEB 24 1947

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

Kirkwood 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.**