S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35690

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9755

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

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 4321 Prairie Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 9 4321 Prairie Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William L. Eickmeyer

3. (b) If veteran, name war Spanish

3. (c) Social Security No. 489-12-6056

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine L. Eickmeyer nee Schlegelmilch

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 10, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	10	hr. min.

9. Birthplace New Minden, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Shoe Worker

11. Industry or business

FATHER
12. Name William Eickmeyer
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Braun
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine L. Eickmeyer
(b) Address 4321 Prairie Ave

17. (a) Burial (b) Date thereof 10/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair A ve

19. (a) OCT 21 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th
year 1947 hour 7:45 AM minute M.

21. I hereby certify that I attended the deceased from 9-16-47
, 19, to Oct 20, 1947, 19
that I last saw him alive on Oct 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver + pancreas	unknown
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy Carcinoma liver + pancreas.	

PHYSICIAN

Underline the cause of 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 Anthony V. Benincasa MD (M. D. or other)

Address 2801 N. Taylor Date signed Oct 20, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4290

P. O. Address St Louis 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.