S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1947

Registration District No. 917

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 40374

Registrar's No. 2463

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hrs. 15 min. (Specify whether years, months or days)
In this community: 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Richmond Heights 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 7777 Gissler 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: William Einig
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Agnes Waterson
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: 8 (Month) - 20 (Day) - 1870 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 3 | 8 | hr. min. |

9. Birthplace: Pana, Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Postman
FATHER
12. Name: Fred Einig 4
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Son, Francis Einig
(b) Address: Rich Hgts. Clayton Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 1-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: CALVARY CEM
18. (a) Signature of funeral director: Nelson Bakers
(b) Address: 6536 Clayton Ro
19. (a) 12-1-47 (Date received local registrar) (b) Cecilia Hughes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 28 year: 1947 hour: 8 minute: 45 P.M.
21. I hereby certify that I attended the deceased from Nov. 28th 6:20 P.M., 1947 to Nov. 28, 8:45 P.M., 1947 that I last saw him alive on Nov. 28, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: cerebral concussion severe with possible brain laceration + contusion
Due to: automobile accident 4
Due to: 170 01
Other conditions: Possible skull fracture
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

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): accident, 1 2 9
(b) Date of occurrence: 11-28-47
(c) Where did injury occur? 1100 Boland, Rich Hgts. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? (e) Means of injury: Struck by Bicycle Automobile
23. Signature: R. Pierdent (M. D.)
Address: 601 Brentwood Blvd. Date signed: 11/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1948

## 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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.**