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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42985

FILED JAN 9 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11761

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: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Imo 2 Idas (Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ado
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1313 N. 14 th St (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 25 0
If yes, name country

3. (a) PRINT FULL NAME IDA EICHENSEER
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Eichenseer
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April (Month) 24th (Day) 1882 (Year)

8. AGE: Years 65 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name not known Louis Young
13. Birthplace not known (City, not or known) 9 (State or foreign country)
14. Maiden name nor known
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Thelma O Singler
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) DEC 26 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1947 1 hour 2:40 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 3, 1947, to December 24, 1947 that I last saw her alive on December 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis generalized	1947x
Bronchial Pneumonia	3 das.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy NO

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 Jack R. Adelman (M. D. or other)
Address 5400 Arsenal St Date signed 12/24/47

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 John P. Buckhalz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis Ave

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.