

FILED JAN 9 1948

Registration District No. 377

Primary Registration District No. 4466

Registrar's No. 19

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Shrewsbury 19 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5125 Michael Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST LOUIS 96
(c) City or town SHREWSBURY 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5125 MICHAEL AVE 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANTON EMIL EISENREICH
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife CLARA D. EISENREICH
6. (c) Age of husband or wife if alive Deed years
7. Birth date of deceased MARCH 23 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 10 hr. min.

9. Birthplace GERMANY 11
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED METAL WORKER 1
11. Industry or business STEEL

MOTHER FATHER
12. Name HENRY EISENREICH
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George William
(b) Address 5125 Michael Ave
17. (a) CREMATION (b) Date thereof 1 6 '48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director MITTELBERG FUNERAL HOME
(b) Address WEAVER GROVES 19 MO
19. (a) 1-5-48 (b) Geal a J. Shapiro
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month 1 day 3
year 1948 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from month
1 1946, to Jan 3 1947;
that I last saw h. in alive on Jan 3 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 3 days
Due to Carcinoma of throat ?
Due to _____
Other conditions 45f
(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 R. M. Kelly MD (M. D. or other) _____
Address 3284 Euclid Date signed 1-5-48

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

JAN 9 1948

JAN 12 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

Ernest W. Spillers

Licensed Embalmer No. *14080*

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.