

No. 2  
-12-45  
-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 19 1948  
Dr. Lake 77

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8227  
State File No.  
Registrar's No. 58

Registration District No. Primary Registration District No. 3016

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1000 Oakwood Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1000 Oakwood Drive 4  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William H. Eichman  
(b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-14-6192

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 1<sup>st</sup>  
year 1948 hour 3 minute 40 A.M.  
21. I hereby certify that I attended the deceased from June 3<sup>rd</sup> 1948  
1948 to March 1<sup>st</sup> 1948  
that I last saw him alive on March 1<sup>st</sup> 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Frieda Eichman  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 8 1870  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 94A  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
77 5 22 hr. mjh.

9. Birthplace Xenia, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Traveling salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Eichman  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Emilie Sinz  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Phillips  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Mar-3-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery  
18. (a) Signature of funeral director W. P. Davis  
(b) Address Jefferson City, Missouri

19. (a) 3-2-48 (b) W. P. Davis  
(Date received local registrar) (Registrar's signature)

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 Leon B. Lake (or other) LB  
Address Jefferson City, Mo Date signed 3-2-48

MAR 1 1949  
NOV 17 1949

Date Filed MAR 18 1948  
District File Number

District Health Officer No. 9,  
RECEIVED

JUN 19 1951

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.....

*A. N. Houser*....., Registered Apprentice No. *42*  
working under my personal supervision.

Signed *Ferd P Dulle*.....

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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.