

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35093**

National Office of Vital Statistics

FILED NOV 9 3 1948

Registration District No. **31947**

Primary Registration District No. **4467**

Registrar's No. **2992**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Valley Park, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Moll Nursing Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community..... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **1032 S. Kirkwood Rd**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Anna Eime**

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26** year **1948** hour **5:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug 15**, 19**48**, to **Oct 26**, 19**48** that I last saw her alive on **Oct 26**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death: **Broncho pneumonia Hypertensive Arterial disease**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **107**

Duration **3 da hrs.**

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.....

Major findings: Of operations.....
Of autopsy.....

23. Signature **Webster Brooks** (M. D. or other) **798**
Address **Webster Brooks** Date signed **Mo.**

5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **William C. Eime** alive..... years
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **November 22 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 11 4 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business.....

12. Name **Wittemann**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Eime Sr**

(b) Address **1032 S Kirkwood Rd Kirkwood**

17. (a) **Burial** (b) Date thereof **10/18/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Hill Cemetery**

18. (a) Signature of funeral director **Meyer-Pfizinger**

(b) Address **Kirkwood Mo**

19. (a) **10-28-48** (b) **Gene J. Harbo**
(Date received local registrar) (Registrar's signature)

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

76
16
0

MOTHER FATHER

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 _____

Licensed Embalmer No. _____

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.