

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15378

State File No. _____

Registrar's No. 942

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS., MO.	c. LENGTH OF STAY (in this place) 52 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 7209	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL		d. STREET ADDRESS (If rural, give location) 2528 Benton, 1	
3. NAME OF DECEASED a. (First) GEORGE b. (Middle) (NMI) c. (Last) EITEL			4. DATE OF DEATH (Month) (Day) (Year) APRIL 10, 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-12-89
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk		10b. KIND OF BUSINESS OR INDUSTRY UNK 9	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME GEORGE EITEL		13b. MOTHER'S MAIDEN NAME OLGA YAEGER	
14. NAME OF HUSBAND OR WIFE MARGARET EITEL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 498-12-4705	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFFERSON BARRACKS, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA WITH MEDIASTINAL METASTASES INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		162x	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 1-17, 1950, to 4-10-50, 1950, that I last saw the deceased on 4-10-50, and that death occurred at 6:05A m., from the causes and on the date stated above.			
23a. SIGNATURE L. E. Stelwell, M.D. (Name or title) CHIEF, PROFESSIONAL SERVICE		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	
23c. DATE SIGNED 4-10-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-50	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
DATE REC'D BY LOCAL REG. 4-11-50		REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. HCF FMEISTER U&L CO., 7814 S. Bdwy, St. Louis, 1		ADDRESS _____	

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

DEC 12 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Linus C Hoffmeister

Signed.....

Student Embalmer

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Brown*

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.