

FILED FEB 19 1951

STANDARD CERTIFICATE OF DEATH

5141

State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5594 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC
c. LENGTH OF STAY (In this place) (Specify township) 1 yr. 11 mo 25 day
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS
d. STREET ADDRESS (If rural, give location) 4439 GRACE ST.

3. NAME OF DECEASED
a. (First) CHRISTOPHER S. b. (Middle) EICHHORN c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
JAN. 30. 1951

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AVG. 6. 1876

9. AGE (In years last birthday) 74 If UNDER 1 YEAR: Months 5 Days 24 If UNDER 24 HRS. Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIPEFITTER

10b. KIND OF BUSINESS OR INDUSTRY LA CLEDE GAS LIGHT CO.

11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY EICHHORN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE LETITIA BAIRD EICHHORN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-10-6956

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bro. Paschal, St. Josephs Hill

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY
ANTECEDENT CAUSES DUE TO (b) CHRONIC MYOCARDITIS
DUE TO (c) GENERALISED ARTERIO-SCLEROSIS
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH
4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1949, to 1/29, 1951, that I last saw the deceased alive on 1/29, 1951, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Mader

23b. ADDRESS 4323 BOLAND DRIVE

23c. DATE SIGNED 1/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/2/51

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE RECD BY LOCAL REG. Feb 10-51 REGISTRAR'S SIGNATURE Ruth Jirsa 438

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St.

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

500

DATE RECEIVED 2-13-51
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

FEB 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 _____ me

working under my personal supervision.

Student Embalmer No.

Signed

Laron E. Percy

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis, 18 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.