

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **2754**

FILED JAN 16 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0088**

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

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 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 town or township) St. Louis, Missouri | | c. LENGTH OF STAY (In this place) 11 MONTHS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| | | d. STREET ADDRESS (If rural, give location) 3428 Vista Avenue. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) THEODORE b. (Middle) JOHN c. (Last) EIFERT | | 4. DATE OF DEATH (Month) (Day) (Year) January 4, 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct 28, 1877 |
| 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | 11. BIRTHPLACE (State or foreign country) Illmo, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Casper Eifert | |
| 13b. MOTHER'S MAIDEN NAME Wilhemina | | 14. NAME OF HUSBAND OR WIFE Ida Roth (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 494-24-6727 | |
| 17. INFORMANT'S SIGNATURE OR NAME Esther Marks | | ADDRESS 8804 Airport Circle | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the stomach 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"/> | | | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 151X | | | |
| 22. I hereby certify that I attended the deceased from Dec. 16, 1951 to Jan. 4th, 1952 , that I last saw the deceased alive on Jan. 4th, 1952 , and that death occurred at 12:00 P.M. from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) J. M. Eisler M.D. | | 23b. ADDRESS 1515 Lafayette Ave. | |
| 23c. DATE SIGNED 1-4-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1-6-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Eislaben Cemetery | | 24d. LOCATION (City, town, or county) (State) Illmo, Missouri | |
| DATE REC'D BY LOCAL REG. JAN 5 1952 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Henry L. Weidmuller | | ADDRESS 6203 Gravois | |

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

Robert M. Murray

Student Embalmer

Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.