

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25751

State File No.

318

1003

BIRTH NO. ... REG. DIST. NO. ... PRIMARY REG. DIST. NO. ... Registrar's No. ... 5772

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 0		c. LENGTH OF STAY (in this place) 1 mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Afftonis 4070	
		d. STREET ADDRESS (If rural, give location) 5506 Maxwell 71	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Eichhorn			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 30, 1878		9. AGE (in years last birthday) 74		10. IF UNDER 1 YEAR: Months Days IF UNDER 1 MO. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Alsace Lorraine 8
					12. CITIZENRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Jacob		13b. MOTHER'S MAIDEN NAME Anna Griesbocken		14. NAME OF HUSBAND OR WIFE Leo Eichhorn	
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. none		17. INFORMANT'S SIGNATURE OR NAME Leo Eichhorn	
				ADDRESS 5506 Maxwell	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (Right side)</u>		DUE TO (b) <u>Chronic Heart Disease and</u>				3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>				6 Mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

18a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		33/x	

22. I hereby certify that I attended the deceased from May 5, 1952, to June 19, 1952, that I last saw the deceased alive on June 18, 1952, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Malters M.D.</u>		23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 6/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 46/23/52		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery St Louis County Mo	
				24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. JUN 21 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons 7027 Gravois	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.