S. No. 300
v. 10.48

XC 2-372 533
REG. #105,395

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41098

BIRTH NO. FILED DEC 1 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3028

4000

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 55 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: ILLINOIS
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WATERLOO 8120
d. STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): P
c. (Last): EICHELMANN

4. DATE OF DEATH (Month) (Day) (Year): 11-24-52

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-15-82
9. AGE (In years last birthday): 70 YRS — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: LIVESTOCK
11. BIRTHPLACE (City and State or Foreign Country): WATERLOO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE EICHELMANN
13b. MOTHER'S MAIDEN NAME: ANNA KIMMICH
14. NAME OF HUSBAND OR WIFE: BINA EICHELMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF BRKS, 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): ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 30 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): NONE
DUE TO (c): NONE 4200

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: NONE

19a. DATE OF OPERATION: NONE
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): VA m.
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* 9-30-52 *19* *to* 11-24-52 *19* *and that death occurred at* 3:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: VET. ADM HOSP, JEFF BRKS, MO.
23c. DATE SIGNED: 11-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~[illegible]~~
24b. DATE: Nov. 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: KOLMER MEMORIAL
24d. LOCATION (City, town, or county) (State): WATERLOO, ILLINOIS

DATE REC'D BY LOCAL REG.: 11-25-52
REGISTRAR'S SIGNATURE: Herbert R. Donker MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Emil Luernheim WATERLOO ILL.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1952

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

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.