

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1453

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 township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) 4057 Taft Ave.	
3. NAME OF DECEASED a. (First) Louis (Type or Print)		b. (Middle) G. c. (Last) Eichhorn	
4. DATE OF DEATH February 6, 1953		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 22, 1895		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Foreman		10b. KIND OF BUSINESS OR INDUSTRY Manufacturers Railway	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Eichhorn		13b. MOTHER'S MAIDEN NAME Anna Groehne	
14. NAME OF HUSBAND OR WIFE Margaret		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. 702-09-0311		17. INFORMANT'S SIGNATURE OR NAME Margaret Eichhorn	
18. ADDRESS 4057 Taft		19. MEDICAL CERTIFICATION	
18a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *Does not mean immediate cause of dying, such as heart failure, asthma, etc. It means the disease, fracture or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Gastric Hemorrhage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		7-45	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E Taylor Car.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 2.6.53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2/9/53		24c. NAME OF CEMETERY OR CREMATORY New St. Josephs Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons	
25. ADDRESS 2630 Gravois Ave.		DATE REC'D BY LOCAL REG. FEB 6 1953	
REGISTRAR'S SIGNATURE J Carl Smith MD		26. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons	
26. ADDRESS 2630 Gravois Ave.		27. (Licensed Embalmer's Statement on Reverse Side)	

m98

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 Ronald Yohnke

Licensed Embalmer No. 3917

P. O. Address 4004 Manchester

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 7508

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1453

On this _____ day of _____, 195____, before me appears _____

for Louis G. Euehorn, who, upon _____ oath, states that the original record of birth
died 2-6, 1953, in the State of
born _____

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 240 should read Resurrection Cemetery
Instead of _____
New St. Marcus "

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Herman A. Gebken F. Dir
2630 Gravois Relationship.

Present Address.

Subscribed and sworn to before me this 4 day March, 1953.

My Commission expires 3-21-53 Edw C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

