

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 - 1955

State File No. **2501**
Registrar's No. **0524**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0524	
1. PLACE OF DEATH a. COUNTY 20090				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before institution) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 5 days		c. CITY OR TOWN Catawissa		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 0360			
3. NAME OF DECEASED (Type or Print) a. (First) KARL		b. (Middle) HERMAN		c. (Last) EIME		4. DATE OF DEATH (Month) (Day) (Year) Jan 12, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 20, 1887	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Eime		13b. MOTHER'S MAIDEN NAME Emma Bruns		14. NAME OF HUSBAND OR WIFE Hannah Eime			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hannah Eime, Catawissa, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral complications of		ANTICEDENT CAUSES (b) Pathologic fracture R. femur				24 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or condition which caused death.		DUE TO (c) Multiple myeloma				3 days	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) not known						6 + not	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) JAN 9, 1955		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CATAWISSA - 203X MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JAN 9 - 1955 4P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? FELL IN Bedroom of Home			
22. I hereby certify that I attended the deceased from Jan 9, 1955 , to Jan 12, 1955 , that I last saw the deceased alive on Jan 10, 1955 , and that death occurred at 2:00 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward C. Holcher, M.D.				23b. ADDRESS 3720 Washington St. Louis 8, Mo.		23c. DATE SIGNED 1-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-13-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Catawissa, Mo.	
DATE REC'D BY LOCAL REG. JAN 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thiebes, Pacific, Mo.			

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.....
Signature of Student Embalmer

Signed *John P. Thiel*.....

Licensed Embalmer No. *3000*

P. O. Address *Paris*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.