

FILED MAY 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16608

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3939

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 16 4112 Humphrey	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) L. c. (Last) Eichelberger	4. DATE OF DEATH (Month) (Day) (Year) May 2 1955
5. SEX Male	6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 28, 1889
9. AGE (In years last birthday) 65	10. KIND OF BUSINESS OR INDUSTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) police officer	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Pol Dept.
11. BIRTHPLACE (City and State or Foreign Country) 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Eichelberger	13b. MOTHER'S MAIDEN NAME Mary Clark	14. NAME OF HUSBAND OR WIFE May Eichelberger
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 May Eichelberger, 4112 Humphrey

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 1. Cardiac Hypertrophy. 2. Carcinoma of Colon. 3. Subdural Hemorrhage, following injuries suffered in collision between police cruiser operated by deceased and car operated by Harry Black (col.) at intersection of Vandeventer and Easton Avenues, about 12:10 A.M., March 20, 1955. ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ANTECEDENT CAUSES injuries suffered in collision between police cruiser operated by deceased and car operated by Harry Black (col.) at intersection of Vandeventer and Easton Avenues, about 12:10 A.M., March 20, 1955. ACCIDENT		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 20, 55 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? see above E8164

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 11:15 A.M., from the causes and on the date stated above. 20

23a. SIGNATURE Joseph M. Zucumben #1300 claud	23b. ADDRESS #1300 claud	23c. DATE SIGNED 5/9/55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		

DATE REC'D BY LOCAL REG. 5-3-55	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros.	ADDRESS 2201 S. Grand Blvd.
------------------------------------	---	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.