

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39369

STATE FILE NUMBER

80 316-56

Registration District No.

318

Primary Registration District

1003

Registrar's No.

9379

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>ST. LOUIS</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		4000 1 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Evangalical Deacons</i>			Length of stay in 1b <i>9hr 55min</i>		d. STREET ADDRESS (If outside, give location) <i>1231 Hoyt Dr.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Diane</i> Middle <i>Carol</i> Last <i>Eichelberger</i>				4. DATE OF DEATH Month <i>10</i> Day <i>15</i> Year <i>56</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>10-14-56</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <i>9</i> Days <i>38</i> IF UNDER 24 HRS. Hours <i>9</i> Min. <i>38</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>William John Eichelberger</i>				14. MOTHER'S MAIDEN NAME <i>Patricia Ann Graser</i>					
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.		17. INFORMANT <i>Mrs. D. Eichelberger, 1231 Hoyt Dr.</i>			Address <i>St. Louis, Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Primary Atelectasis</i> <i>Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>762.5</i> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs.</i>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>10-14-56</i> to <i>10-15-56</i> and last saw her alive on _____ Death occurred at <i>2:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>L. Kent - J. Martin M.D.</i>				22b. ADDRESS <i>4952 Almywood</i>			22c. DATE SIGNED <i>10.15.56</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>10-15-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Marys</i>			23d. LOCATION (City, town, or county) (State) <i>Greentown Ill.</i>			
24. FUNERAL DIRECTOR <i>Harlan M. Glasgow - Greentown Ill.</i>			25. DATE RECD. BY LOCAL REG. <i>OCT 15 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>				

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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

Not Embalmed
Signed *Harlan W. Glangorst*

Licensed Embalmer No. *63*

P. O. Address *Trenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.