

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1958

804
STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i> 0360 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>St. Francis Hosp.</i>		Length of stay in 1b <i>30 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>424 High St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>George</i> Middle <i>Eichenlaub</i> Last <i>Eichenlaub</i>			4. DATE OF DEATH Month <i>Feb.</i> Day <i>5</i> Year <i>1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 25, 1872</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>10</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	11. BIRTHPLACE (City and state or country) <i>Washington, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>John Eichenlaub</i>	13b. MOTHER'S MAIDEN NAME <i>Emily Witt</i>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>488-18-9322</i>	17. INFORMANT <i>Mrs. Helen Hughes, Washington, Mo.</i> Address
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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>Hypertensive pneumonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>5 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Intracranial arterio-venous malformation</i>	
	DUE TO (c) <i></i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <i>Fell down basement stairs</i>
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20c. TIME OF INJURY Hour <i></i> Month <i>Dec</i> Day <i>31</i> Year <i>1957</i> p.m. <i></i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>in his home</i>	20f. CITY, TOWN, OR LOCATION <i>Washington</i> COUNTY <i>Franklin</i> STATE <i>MO</i>
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21. I attended the deceased from <i>Dec 31 1957</i> , to <i>Feb 5 1958</i> and last saw ^{him} <i>Feb 5 1958</i> Death occurred at <i>7:10 a.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Art Eichenlaub MD</i> (Degree or title)	22b. ADDRESS <i>2nd & Elm, Washington, Mo.</i>	22c. DATE SIGNED <i>2-6-58</i>
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23a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 7, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Old Fellows Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>
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24. FUNERAL DIRECTOR <i>Pieburg Witt, Inc. Washington</i>	25. DATE RECD. BY LOCAL REG. <i>2/7/58</i>	26. REGISTRAR'S SIGNATURE <i>J. J. Hedman</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lester H. Vitt*

Licensed Embalmer No. *3254*
P. O. Address *Washington*

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.