

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011570
STATE FILE NUMBER
3656

FILED APR 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3656

| | | | | | |
|--|-----------------------------------|---|--|---|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital, | | Length of stay in 1b | d. STREET ADDRESS 3200a Dakota St., | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Katherine J. Eichhorn, | | | 4. DATE OF DEATH March 29, 1958 | | |
| 5. SEX Female. | 6. COLOR OR RACE White, | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 21, 1907, | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home, | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri, | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Anton Kveton, | | 13b. MOTHER'S MAIDEN NAME Katherine Ruzicka, | | 14. NAME OF HUSBAND OR WIFE Frank E. Eichhorn, | |
| 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. 497-01-3166 | | 17. INFORMANT Address Frank E. Eichhorn, 3200a Dakota St., | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Scirrhous Carcinoma Left Breast | | | | | 1 1/2 yrs. |
| DUE TO (c) 170 x | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) 2 | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 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 August 1956 , to March 29, 1958 and last saw ^{her} alive on March 29, 1958 Death occurred at 8:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Morris Herman M.D. | | | 22b. ADDRESS 3701 Grand Square | | 22c. DATE SIGNED 3/31/58. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal. | | 23b. DATE 4/1/58 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery, | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| 24. FUNERAL DIRECTOR Gabken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis 18, Mo. | | | 25. DATE RECD. BY LOCAL REG. MAR 31 '58 | 26. REGISTRAR'S SIGNATURE Paul Smith M.D. | |

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec St
P. O. Address St. Louis, 18,

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.