THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034179
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8723

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Lukes Hosp. — Length of stay in Ib: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 8637 W. Kingsbury Blvd. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Carl Middle: John Last: Eigenbrodt

4. DATE OF DEATH: Month 9 Day 6 Year 58

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 18, 1885

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist

10b. KIND OF BUSINESS OR INDUSTRY: Drug

11. BIRTHPLACE (City and state or country): Collinsville, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gottlieb Eigenbrodt

13b. MOTHER'S MAIDEN NAME: Anna Remeneler

14. NAME OF HUSBAND OR WIFE: Estelle Eigenbrodt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-28-3035

17. INFORMANT: Mrs. Estelle Eigenbrodt Address: 8637 W. Kingsbury

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage bowel, bladder, lung etc. — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Massive pneumonia — 72 hours
DUE TO (c) Infectious granulomatosis - Leukemoid cause — 2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): not yet ascertained

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 138.1

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 7-28-58, to 9-6-58 and last saw ~~her~~ him alive on 9-6-58
Death occurred at 8:55 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles W. Clark M.D.

22b. ADDRESS: 864 Hamilton Blvd St. Louis 12, Mo

22c. DATE SIGNED: 9-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 9/10/58

23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral

ADDRESS: 1905 Union

25. DATE RECD. BY LOCAL REG.: SEP 9 '58

26. REGISTRAR'S SIGNATURE: Pearl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. J. Fred W. Clark
864 Hamilton
Hrs. 3:30-4:00 Mon.

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 Albert R. Thompson

Licensed Embalmer No. 4257

P. O. Address St. Louis

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.