

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036107

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. **318** Primary Registration District No. **1003** Registrar's No. **9488** STATE FILE NUMBER

FILED OCT 11 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b<br><b>29 yrs</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>3925 Keokuk Street</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ELEDEN</b> Middle <b>E.</b> Last <b>EICKHOFF</b>   |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>2,</b> Year <b>1962</b>  |  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/29/1910</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>salesman</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>syrup products</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Apache, Oklahoma</b>  |
| 13a. FATHER'S NAME<br><b>Otto Eickhoff</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Maud Riley</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Rose Ann Kiefer</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>Mrs. Rose Ann Eickhoff, 3925 Keokuk St.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Ca of Pancreas</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>about 1 yr.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>157x</b>   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <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 <b>6/28/62</b> to <b>10/2/62</b> and last saw him alive on <b>10/2/62</b><br>Death occurred at <b>11:25 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Wt. Henning</b>   |   | 22b. ADDRESS<br><b>5203 Chipmunk</b>  | 22c. DATE SIGNED<br><b>10/3/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>10/5/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>SS Peter &amp; Paul Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>BEIDERWIEDEN F. H. Inc., 1936 St. Louis Ave</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 4 1962</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith. M.D.</b>   |

USE BLACK INK OR TYPEWRITER RIBBON

Dr. W. F. Neun  
5203 Chippewa St.  
2 - 4:30 PM

**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 *[Handwritten Signature]*

Licensed Embalmer No. 4520

P. O. Address *[Handwritten Address]*

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.