

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6127

No. 300

10. 48

State File No.

1003

1440

Registrar's No.

BIRTH NO.

REG. DIST. NO.

18

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town or township)
St. Louis

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE
Missourib. COUNTY
Moniteauc. CITY (If outside corporate limits, write RURAL and give township)
California

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First)

Carl

b. (Middle)

F.

c. (Last)

Eicher

4. DATE OF DEATH (Month) (Day) (Year)

2 13 1949

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 15, 1900

9. AGE (In years last birthday)

48

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)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Moniteau Co., Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

Rudolph Eicher

13b. MOTHER'S MAIDEN NAME

Louise Mensch

14. NAME OF HUSBAND OR WIFE

Minnie Eicher

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.

Unknown

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Minnie Eicher - California, Mo

ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Malignant Hypertension

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis

DUE TO (c).

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

131
594K

INTERVAL BETWEEN ONSET AND DEATH

1 year

?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1948, to Feb. 13, 1949, that I last saw the deceased alive on Feb. 12, 1949, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

x Clarence E. Appeller, M.D.

23b. ADDRESS

634 N. Grand Blvd.

23c. DATE SIGNED

2-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-15-49

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

California, Mo.

DATE REC'D BY LOCAL REG.

FEB 14 1949

REGISTRAR'S SIGNATURE

J. B. Sasser

25. FUNERAL DIRECTOR'S SIGNATURE

Albert H. Hoppe, 4700 Washington Blvd.

ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1949

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
Student Embalmer

Signed Clement McManis

Licensed Embalmer No. 3732

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 this body is, not embalmed, fact should be so stated above.