

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16574  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. 5506 Grace St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791  
1003

Registered No. 4435

2. PRINT FULL NAME Charles Eilers 462

(a) Residence, No. 5506 Grace St. 15  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Eilers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Emerson Electric  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER 13. NAME Henry Eilers  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Hena Adler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. B Eilers  
5506 Grace

18. BURIAL CREMATION, OR REMOVAL PLACE Sunset Burial Pl DATE 5-16-38

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home  
6322 Grand

20. MAY 14 1938 19 J. B. Bredebeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1937, to May 15, 1938  
I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 2:20A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma left lung -  
Generalized carcinoma metastasis

Date of onset

?

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 1938  
Where did injury occur? X  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

specify \_\_\_\_\_  
(Signed) Victor G. Kuepper M.D. M. D.  
(Address) 380.5 50th Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

Frank Ludwig L.E. 2504

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Frank Ludwig*

Licensed Embalmer No. 2504

**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.)**