

1939 AUG 10

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25567  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin  
(b) Township Union  
(c) City Union  
(e) Length of residence in city or town where death occurred 462 yrs. mos. da.

Registration District No. 296  
Primary Registration District No. 5413

Registered No. \_\_\_\_\_ St. \_\_\_\_\_

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Edward H. Eilers  
(a) Residence, No. Union, Mo. St.  (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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 12

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.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Missouri

13. NAME Tony Sullentrup  
14. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna L. Eilers  
16. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Minnie A. Eilers (ADDRESS) Union, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Evangelical Church Cemetery DATE July 25 1939

19. FUNERAL DIRECTOR (NAME) Wm H. Horn (ADDRESS) Union, Missouri

20. FILED 7/25-39 19 Lawrence F. Howe M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1939, to 7-23, 1939. I last saw him alive on 7-22, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Date of onset 7-16-39

Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (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? No.  
If so, specify \_\_\_\_\_ (Signed) J.M. Denny, M. D.  
854 (Address) Union Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3175

P. O. Address Union, Mo.

**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, above space should be left blank.**