

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 Days  
In this community Since Birth  
years, months or days

3. (a) PRINT FULL NAME ADELL L. EYERMANN

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Eyermann 6. (c) Age of husband or wife if alive 49 Yrs years

7. Birth date of deceased Feb. 6 1890  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Osterwisch

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Biermann

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Eyermann

(b) Address 4424a Bircher Bldv.

17. (a) Burial (b) Date thereof 3/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAR 19 1940  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits write "RURAL")  
(d) Street No. 4424a Bircher Bldv.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 1, 1940, to March 18, 1940  
that I last saw him alive on March 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia 99a

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Acute Inflammation of appendix  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature W. M. O'Leary (M. D. or other) MD

Address 4256 Home Date signed 3/19/40

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

**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

*Leonard Hampton*

Licensed Embalmer No.

*2967*

P. O. Address

*H. Lewis, Ind*

**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.**