

0-2
4-41
7-39
X28390

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1288

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1542 Valley Ave.
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Henry C. Eilers

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nanette Haenni 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Mar. 31 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation distributor

11. Industry or business Baird McGuire Co.

12. Name Hellnrich Eilers

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

14. Maiden name Emma Ludwig

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

16. (a) Informant Mr. H. C. Eiler

(b) Address 1542 Valley Ave

17. (a) burial (b) Date thereof 6/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director H. C. Eiler

(b) Address 2220

19. (a) JUN 20 1941 (b) H. C. Eiler
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5-31-41
to 6-20-41
that I last saw him alive on 6-20-41
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Pneumonia 5-8 days
cardiac decompensation 3 days
Peritonitis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Intestine - duodenal gall
Of operations bladder - large gall stone in ileum
Of autopsy Generalized Peritonitis
Bilateral Pneumonia

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)
(e) Means of injury _____

23. Signature Leestall (M. D. or other) 0
Address Co. Hwy. Date signed _____

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

MOTHER FATHER

JUN 30 1941

JUL 12 1941

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. *1674*

P. O. Address *2223 St Louis Ave*

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.