S. No. 2
1—1-4-41
v. 5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16111

State File No. 5153

Registration District No. 791 FILED JUN 22 1942

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 6 000 17 9

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 5728 Terry Ave. 0

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loretta G. Eilers

3. (b) If veteran, name war No

3. (c) Social Security No. 498-09-6040

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 22 (Day) 1921 (Year)

8. AGE: Years 21 Months 2 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Typist

11. Industry or business U.S. Cartridge Co.

FATHER
12. Name Henry Eilers
13. Birthplace St. Peters (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Cecelia Sirenick
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Henry Eilers

(b) Address 5728 Terry Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) JUN 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 11, 1942, to June 11, 1942 that I last saw her alive on June 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fulminating Meningococcus Septicemia	1 day.
Due to	
Due to	
Other conditions Purpura Hemorrhagica (Include pregnancy within 3 months of death)	1 day.

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. F. Bergman (M. D. or other) M-D

Address 3720 Washington Date signed 6/12/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford H. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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.