

FILED DEC 21 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10453

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Hampton & Devonshire 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
Life (Specify whether
 In this community..... years, months or days)

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..... **6223 Tholozan Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Herman Eilers**
 3. (b) If veteran, name war..... **No**
 3. (c) Social Security No..... **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **13**
 year..... **1942** hour..... **4** minute..... **45** P.M.

4. Sex..... **Male**
 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Married**
 6. (b) Name of husband or wife..... **Hanna Eilers**
 6. (c) Age of husband or wife if alive..... **45** years
 7. Birth date of deceased..... **March 19, 1899**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **Jan 10, 1942** to..... **Dec 13, 1942**
 that I last saw him..... **alive on Dec 13, 1942**
 and that death occurred on the date and hour stated above.

8. AGE: Years..... **63** Months..... **8** Days..... **24**
 If less than one day..... hr..... min.....

Immediate cause of death..... **Cranial occlusion**
 Due to..... **Heart disease**
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation..... **Captain**

Major findings:
 Of operations..... **none**
 Of autopsy..... **none**

11. Industry or business..... **St. Louis Metro. Police Dept.**
 12. Name..... **Gerhardt Eilers**
 13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Unknown**
 15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence..... **none**
 (c) Where did injury occur?..... **none**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

16. (a) Informant..... **Hanna Eilers**
 (b) Address..... **6223 Tholozan**
 17. (a) **Burial**..... (b) Date thereof..... **12 17 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Sunset Burial Park**

While at work?..... (Specify type of place)
 (c) Means of injury.....
 23. Signature..... **J. F. Biedeck** (M. D. or other)
 Address..... **3606 Gravois** Date signed..... **12-14-42**

18. (a) Signature of funeral director..... **Walter H. Walden, Co.**
 (b) Address..... **3634 Gravois Avenue**
 19. (a) **DEC 15 1942** (Date received local Registrar)
J. F. Biedeck (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Francis J. Highland

Licensed Embalmer No.

P. O. Address.....

*2645
St Louis 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, fact should be so stated above.