

U. S. No. 2  
 DOM-5-43  
 Rev. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

17950

State File No. \_\_\_\_\_  
 Registrar's No. 1078

FILED MAY 27 1946  
 Registration District No. 317

Primary Registration District No. 6076

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

6  
 13  
 1

16869

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Berliner Nursing Home 4  
(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

3. (a) PRINT FULL NAME HARRY EILER

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

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

9. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Tailor

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

MOTHER FATHER { 12. Name Unknown

13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Greenblatt  
 (b) Address 5420 Tulane

17. (a) Burial (b) Date thereof 5-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director H. R. Rind...  
 (b) Address 5216 Delmar Blvd.

19. (a) 5-18-46 (b) E. J. Mc...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 707 N. 6th Street 9  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
 year 1946 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from April 20  
1946, to May 17 1946  
 that I last saw him alive on May 16 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Canary Occlusion 1 day  
 Duration

Due to Arteriosclerosis 940 years

Due to Hypertension

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

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence no  
 (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 P. C. Hal... (M. D. or other) \_\_\_\_\_  
 Address 2438 Woodson Rd. Overland Date signed 5-17-46

APR 27 1967

**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 W. A. Burgess

Licensed Embalmer No. 4029

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.**