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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED *1946*
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35093**
Registrar's No. **8644**

Registration District No. _____
Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Yeatman Park 3**
(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 **Missouri** (b) County _____
(c) City or town **St. Louis** *24 17*
(If outside city or town limits, write "RURAL")
(d) Street No. **3622 Indiana Ave.** *9*
(If rural, give location) *0*
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry T. Euler**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Christina**
6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **Nov. 17, 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **18**
If less than one day hr. _____ min. _____

9. Birthplace **Rockport Indiana**
(City, town, or county) (State or foreign country)
10. Usual occupation **watchman**

11. Industry or business _____
12. Name **Theodore Euler**
13. Birthplace **Germany** *4*
(City, town, or county) (State or foreign country)
14. Maiden name **Maria Koch**
15. Birthplace **Germany** *11*
(City, town, or county) (State or foreign country)

16. (a) Informant **Christina Euler**
(b) Address **3622 Indiana Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 9, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Wm Schumacher**
(b) Address **3013 Meramec St**

19. (a) **OCT 9 1946** (b) **J. J. Brebeck**
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5**
year **1946** hour **6:30** P.M. minute _____ M. _____
21. I hereby certify that I attended the deceased from **June**
10 - 1945 to **Oct 5 - 1946**
that I last saw him alive on **Oct 5 - 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Copious Tuberculosis**
Due to **Chronic Myocarditis** *15 min*
Due to _____ *1 year*

Other conditions (Include pregnancy within 3 months of death) _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. J. Brebeck** (M. D. or other) *md*
Address **2106 Shaw** Date signed **10/9/46**

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

Dr. W. Weinsberg
3606 Graves
2-4-7-9 AM except Tuesday

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 Williams

Licensed Embalmer No. 3565

P. O. Address 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.