

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20982

State File No.

FILED JUL 15 1949

5867

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place or township) 68 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		0000 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital.				d. STREET ADDRESS (If rural, give location) 14 4982 Tholozan			
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle)		c. (Last) Eller		4. DATE OF DEATH (Month) (Day) (Year) July 3 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 3 1880	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Mechanical Pencil Mgr.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Casper Krallmann		13b. MOTHER'S MAIDEN NAME Mary Horstmann		14. NAME OF HUSBAND OR WIFE Wm. H. Eller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-28-2823		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Louis W. Eller 4943 Lindenwood			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Metastatic Chondrosarcoma of Cervical Region & Base ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chondrosarcoma, primary, of right palatal region. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation of fibrillation				INTERVAL BETWEEN ONSET AND DEATH 6 mo. Jan 49?	
19a. DATE OF OPERATION 27 June 49		19b. MAJOR FINDINGS OF OPERATION Metastatic Chondrosarcoma				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 430			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 144X			
22. I hereby certify that I attended the deceased from June 16, 1949 , to July 3, 1949 , that I last saw the deceased alive on July 3, 1949 , and that death occurred at 2:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) FR Bradley M.D.				23b. ADDRESS Barnes Hospital.		23c. DATE SIGNED 3 July 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JUL 6 1949		REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. HOME? INC. 1936 St. Louis Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Max L. Waigel

Licensed Embalmer No. 4170

P. O. Address 1936 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.