

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28027  
7188

#38652

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5352 Patton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA</b>		b. (Middle) _____		c. (Last) <b>EYERMANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 13th, 1949</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>July 27, 1896</b>	
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>August Eyermann</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Blum</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>493-01-4667</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chas Eyermann 3112a Cherokee</b>			
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) <b>Gen. carcinomatosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of cervix</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>9 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>171X</b>			
22. I hereby certify that I attended the deceased from <b>7/29/49</b> , 19____, to <b>8/13/49</b> , 19____, that I last saw the deceased alive on <b>8/13/49</b> , and that death occurred at <b>1:55am</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>William W. Carter (M.D.)</b>				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>8/13/49</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8/15/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>N St Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 15 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Basater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Ziegenhein &amp; Sons</b>		ADDRESS <b>7027 Gravois</b>	

**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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

**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.