

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25752

BIRTH NO. 9.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 6335			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 2084	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place) 5 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				d	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 1524 Orchid Ave					
3. NAME OF DECEASED (Type or Print) Dorothy			a. (First)		b. (Middle) Eilerts		c. (Last)		
4. DATE OF DEATH June 30 1952		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	
8. DATE OF BIRTH Aug 16, 1910		9. AGE (In years last birthday) 41		10. MONTHS 10		11. DAYS 14		12. IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At. Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Gers			13b. MOTHER'S MAIDEN NAME Mathilda Koehr			14. NAME OF HUSBAND OR WIFE Mathew Eilerts			
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. NONE 488-05-2169		17. INFORMANT'S SIGNATURE OR NAME Mathew Eilerts				ADDRESS 1524 Orchid Ave	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis				INTERVAL BETWEEN ONSET AND DEATH 3 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Gangrenous Appendix				3 days	
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5501					
22. I hereby certify that I attended the deceased from June 23, 1952, to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 7-32 A. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. M. Eilerts M.D.				23b. ADDRESS 4356 Warne Avenue (7)			23c. DATE SIGNED 7-1-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 2 - 1952		25. FUNERAL DIRECTOR'S SIGNATURE Buchholz-Koeller Mortuary			ADDRESS 5967 W Florissant Ave				

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.