

FILED OCT 11 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31590**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4266

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1327 Locust</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		3149	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) _____ c. (Last) <u>Eilert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 29 52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NOT KNOWN</u>	8. DATE OF BIRTH <u>JAN. 30-1867</u>	9. AGE (in years last birthday) <u>85</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 WK. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIGHT WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WILDE STEIN BAKERY FULLIERS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY 4</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GOLDIE WILDE</u>		ADDRESS <u>904 E. 39th K.C.Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>			DUE TO (b) <u>Arteriosclerotic heart disease</u>			4200		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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 type="checkbox"/> NO <input checked="" 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?				

22. I hereby certify that I attended the deceased from Sept. 29, 1952, to Sept. 29, 1952, that I last saw the deceased alive on Sept. 29, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Stratemeyer</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>24th &amp; Cherry</u>			23c. DATE SIGNED <u>9-30-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mr. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-30-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman &amp; Son, Inc.</u>		ADDRESS _____		

K.C.Mo.

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

*Dr. Butler*

**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 *James E. Hackleman*  
Licensed Embalmer No. *4579*  
P. O. Address *H. C. 1 MS*

**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.