

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20425**  
**5733**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>2219</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY OR TOWN <b>ST LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>HAGADORN HOTEL JEFFERSON &amp; UNIVERSITY AVE</b>		f. JEFFERSON & UNIVERSITY AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		3. NAME OF DECEASED a. (First) <b>WILLIAM</b>		b. (Middle) <b>B.</b>	
c. (Last) <b>EILERMAN</b>		4. DATE OF DEATH Month Day Year <b>JUNE 24, 1954</b>			
5. SEX <b>MALE 0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>2/23/1889</b>	9. AGE (In years last birthday) <b>65</b>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>AVONSTON ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ANTON EILERMAN</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE MARKS</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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>#</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ANTON EILERMAN 6505 PERRY COURT</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Bronchial Asthma</b> DUE TO (c) <b>Cardiac Hypertrophy</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4343</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1043</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>John E. ...</i>		(Degree or title)		23b. ADDRESS <b>1300 Clark St.</b>	
23c. DATE SIGNED <b>6/26/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6/28/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>JUN 26 1954</b>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</b>	

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

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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.....  
Signature of Student Embalmer

Signed *J. W. Bentley*.....  
Licensed Embalmer No. *365*  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

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