

No. 300
10-48
0161

STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1954

State File No. **30027**

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **3009** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) Jackson		c. CITY (If outside corporate limits, write RURAL and give township) Jackson	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 327 Cherry St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 327 Cherry St.			

3. NAME OF DECEASED (Type or Print) Eugene Eulinberg			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1954		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 17, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 17	Hours 17	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jackson, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Solomon Eulinberg	13b. MOTHER'S MAIDEN NAME Hester Berriman	14. NAME OF HUSBAND OR WIFE Hattie Eulinberg
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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. -----	17. INFORMANT'S SIGNATURE OR NAME Shannon Eulinberg, 327 Cherry, Jackson, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis of lungs		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart disease		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 27, 1954** to **Sept 7, 1954**, that I last saw the deceased alive on **Sept 6, 1954** and that death occurred at **5:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. G. Lubert	23b. ADDRESS Jackson Mo	23c. DATE SIGNED 9-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 10, 1954	24c. NAME OF CEMETERY OR CREMATORY Russell Heights Cemetery	24d. LOCATION (City, town, or county) (State) Jackson, Missouri
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DATE REC'D BY LOCAL REG Sept 10, 1954	REGISTRAR'S SIGNATURE D. G. Lubert	25. FUNERAL DIRECTOR'S SIGNATURE J. J. Sparks	ADDRESS Cape Gir., Mo.
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(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 Frank Sparks.....

Licensed Embalmer No. 3455.....

P. O. Address Cape Girardeau.....

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.