

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32602
Registrar's No. 2039

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 590

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY _____	
b. CITY OR TOWN Valley Park		c. CITY OR TOWN St. Louis		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) 1 Mo. 8 days		e. STREET ADDRESS 5727 Sutherland		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home			f. (If rural, give location) _____		

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Eiler			4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1877	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasurer - Stock yard	10b. KIND OF BUSINESS OR INDUSTRY Stock Business	11. BIRTHPLACE (City and State or Foreign Country) Penn Laird, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rush Eiler	13b. MOTHER'S MAIDEN NAME Amanda Nichols	14. NAME OF HUSBAND OR WIFE Lucy M. Eiler (nee Horn)
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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. 440-10-1243	17. INFORMANT'S SIGNATURE OR NAME Lucy M. Eiler, 5727 Sutherland	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke, hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown (CA of stroke?) DUE TO (c) unknown		
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) 151X
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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? _____
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22. I hereby certify that I attended the deceased from **24 Aug., 1954**, to **23 Aug., 1954**, that I last saw the deceased alive on **23 Aug., 1954**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Bennett, M.D.	(Degree or title) _____	23b. ADDRESS 9999 Manchester Rd., Kirkwood, Mo.	23c. DATE SIGNED 8-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Lemay, Missouri
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS Colonial Mortuary, Chippewa
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4001

Dr. J. H. Barnett,
9929 Manchester Rd.

✓ 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 *Louis C. Hoffmeister*.....

Licensed Embalmer No. 3871

P. O. Address 7814 S. Duro

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.