

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40056

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 2702	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD		c. LENGTH OF STAY (in this place) 7 MOS.		c. CITY OR TOWN PORTAGE DES SIOUX		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOME				e. STREET ADDRESS (If rural, give location) Local 0921			
3. NAME OF DECEASED (Type or Print) a. (First) ESTHER b. (Middle) EILERS c. (Last) EILERS			4. DATE OF DEATH (Month) (Day) (Year) NOV. 14 1956				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH JULY 4, 1859	
9. AGE (In years last birthday) 97		10. MONTHS 4		11. DAYS 10		12. HOURS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) LINCOLN COUNTY Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES O'BRIEN		13b. MOTHER'S MAIDEN NAME MARY ANN COLEMAN		14. NAME OF HUSBAND OR WIFE FRANK EILERS			
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		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIAN COCHRAN ALTON Ill			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 2-3 days
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. 1958 to Nov. 14, 1958 , that I last saw the deceased alive on Nov. 13, 1956 , and that death occurred at 4 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Voelker M.D.				23b. ADDRESS 53201 Big Bend		23c. DATE SIGNED 11/15/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-15-56		24c. NAME OF CEMETERY OR CREMATORY ST. FRANCIS CATH CEM. PORTAGE DES SIOUX Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 11-15-56		REGISTRAR'S SIGNATURE Herbert R. Donahoe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. L. Prinster, St. Charles, Mo.			

(Licensed Embalmer's Placement on Reverse Side) PRINSTER-HUGHES F.H. INC.

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

1001-2-2-5

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, ~~only~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmo R. Padwell*.....

Licensed Embalmer No. *4079*.....

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.