

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041507

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10482

300
-57

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Jennings 41380 | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital | | d. STREET ADDRESS (If outside, give location) 9205 Leamont Ave | |
| Length of stay in lb 10 hours | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Elvira D Eilermann | | | 4. DATE OF DEATH Month Day Year Oct 31 1958 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 18, 1895 |
| 9. AGE (In years lost birthday) 62 | | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher, Ames School | | 10b. KIND OF BUSINESS OR INDUSTRY St. L. Board of Education | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Vogt | |
| 13b. MOTHER'S MAIDEN NAME Dora Kraft | | 14. NAME OF HUSBAND OR WIFE Frank W. Eilermann (Deceased) | |
| 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 Mrs. Shirley Havey, 9205 Leamont, | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) acute appendicitis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE APPENDICITIS aplasic anemia, etiology unknown A PLASIC ANEMIA ETIOLOGY unknown Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 550.0 | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION 10-25 | | COUNTY STATE 10-31-58 10-31-58 | |
| 21. I attended the deceased from OCTOBER 25 to OCT. 31, 1958 and last saw her alive on OCT 31, 1958 Death occurred at 2:45 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Martin Binder, (Degree or title) M.D. Melvin G. Buecher, M.D. | | 22b. ADDRESS 4652 Maryland ST. LOUIS 8, MO. 4652 Maryland | |
| 22c. DATE SIGNED 11-1-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Nov 3 1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair | | 25. DATE RECD. BY LOCAL REG. NOV - 3 '58 | |
| 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clement McQuay*

Licensed Embalmer No. *3732*

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.