MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30628

File No.

Registered No. 8296

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1004

City St Louis, Mo. (No. 1616 No. Kingshighway St. ..... Ward)

2. FULL NAME August H. Eilers.

(a) Residence, No. 1616 No. Kingshighway St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes M. Eilers.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8th, 1844.

7. AGE: Years 88. Months 6. Days 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Publisher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sunday School Supplies

10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

FATHER

13. NAME J. H. Eilers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Meta Behrens.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Mrs Agnes M. Eilers.
(ADDRESS) # 1616 No. Kingshighway.

18. BURIAL, CREMATION, OR REMOVAL Cem.
PLACE Bellefontaine DATE 9-15-1932

19. UNDERTAKER C. P. Lupton + Sons.
(ADDRESS) # 4449 Olive Street

20. FILED SEP 15 1932 Ray C. Hardin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to Sept. 14, 1932

I last saw him alive on Sept. 13, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Many years
95 Arterio-sclerosis, general	
97	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Llewellyn Sale, M. D.

(Address) 3720 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, with ink, and without abbreviation. Do not use ditto marks.

Jefferson 9630
1-O-clock prompt