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.

AUG 30 1933

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25205

Township ..... Primary Registration District No. 1003 Registered No. 6632

City St. Louis (No. Missouri Baptist Hosp. St. ..... Ward)

2. FULL NAME Agnes M Eilers

(a) Residence, No. Mark Twain Hotel St. ..... Ward. VS
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August H. Eilers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	7	14	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Mathew Coudy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anthrum Ireland

MOTHER

15. MAIDEN NAME Mary C. Seward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Ill.

17. INFORMANT (ADDRESS) Roy Eilers # 1616 No Kingshighway

18. BURIAL, CREMATION, OR REMOVAL Cem.
PLACE Bellefontaine DATE Aug 1st 1933

19. UNDERTAKER (ADDRESS) O. R. Lupton & Sons # 4449 Olive Street

20. FILED 11 31 1933 19 J F Brefeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1933, to July 29, 1933

I last saw her alive on July 29, 1933 Death is said to have occurred on the date stated above, at 7:45 A.m.

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

	Date of onset
Senility —	
111B	
162	

Other contributory causes of importance: Terminal pneumonia July 26

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? No

If so, specify .....

(Signed) W. E. Williamson, M. D.

(Address) 235 Frisco Bldg. St. Louis, Mo.

Frisco Bldg (9th Olive)
Ce 9907

8-5. Sat.