

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 31 1937

17596

File No. 17596  
Registered No. 163  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

96 County St. Louis  
2 Township Clayton  
7 City Clayton

Registration District No. 290  
Primary Registration District No. 6033a

(No. St. Louis Co. Book 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ealer, John

(a) Residence, No. 5037 Lakewood, Gardenville St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to April 28, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1861

I last saw him alive on April 28, 1937. Death is said to have occurred on the date stated above, at 10:05 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....mins. 76 10 6

The principal cause of death and related causes of importance were as follows:  
about 1-1-35

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

Ch. Myocardial Degeneration  
131  
Other contributory causes of importance:  
Ch. Intestinal Neoplasm  
Left Hydrocephalus  
Hyperthyroidism  
Suppurative Otitis Media

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation Exenteration Date of \_\_\_\_\_

13. NAME William P. Ealer

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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

15. MAIDEN NAME Henrietta Klause

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

17. INFORMANT step daughter (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE No Crematory Date May 1, 1937

19. UNDERTAKER John Ziegenhein & Sons (ADDRESS) 7027 Marquis Ave

20. FILED 4/30 1937 Dr. J. Squinelli Registrar.

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 Lewis J. Franklin (Signed) \_\_\_\_\_, M. D. (Address) St. Louis County Hospital, Clayton, Mo.

