

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.

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

4773  
Do not use this space.

DECD MAR 13 1939

791  
1008

1466

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City St. Louis..... (d) Street No. Park Lane Memorial Hosp. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phillip Eucker

(a) Residence, No. 1308 Arsenal St. 34 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Caroline Eucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 5 17

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Automobil painter  
9. Industry or business in which work was done, as saw mill, bank, etc. Dorris Auto Co.  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

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

FATHER  
13. NAME Unknown

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT Edward Dierkes  
(ADDRESS) 3648 Meramec

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Matthews DATE Feb. 16, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED FEB 15 1939  
J. D. Budel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1939, to Feb. 14, 1939

I last saw him alive on Feb. 14, 1939. Death is said to have occurred on the date stated above, at 2:15 a. m.

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

Coronary Artery  
Rupture  
Chronic Interstitial Nephritis Arteriosclerosis  
Date of onset

Other contributory causes of importance:

Name of operation None Date of NA

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

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

Accident, suicide, or homicide? NA Date of injury NA, 1939

Where did injury occur? NA

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NA

Nature of injury NA

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

If so, specify NA

(Signed) J. D. Budel, M. D.

(Address) 4930 Lindell Blvd., St. Louis, Mo.

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, .....

*Robert C. White*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Robert C. White*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*St. Louis, Mo.*

**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 this body is not embalmed, above space should be left blank.**