

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 16570  
 Registrar's No. 4048

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town Saint Louis Missouri.  
 (c) Name of hospital or institution: 2901 Iowa Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

8. (a) PRINT FULL NAME George Eyermann.  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Katherine Eyermann 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased September 28th, 1858.  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saint Louis, Missouri.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Gottlieb Eyermann  
 { 13. Birthplace Unknown Germany  
 { 14. Maiden name Unknown  
 { 15. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Eyermann  
 (b) Address 2901 Iowa Ave.

17. (a) Burial (b) Date thereof May 6th, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenhain Bros,  
 (b) Address 2623 Cherokee Street.

19. (a) MAY 6 1940 (b) \_\_\_\_\_  
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town Saint Louis. 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2901 Iowa Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd,  
 year 1940. hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 1  
1930 to May 7, 1940  
 that I last saw him alive on May 23, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous rupture of atherosclerosis of abdominal aorta  
 Due to aorta Duration 10 7/8

Due to \_\_\_\_\_  
 Other conditions arteriosclerosis 5 7/8  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edw. K. Gorman (M. D. or other) \_\_\_\_\_  
 Address 2924 S. Grand St. Date signed 5/7/40

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.

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*V. E. Morris*

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**