

0. 2
12-40
7-39
X2

NOV 16 1940 791
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME William H. Eller

3. (b) If veteran, name war..... 3. (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 Emma Eller 6. (c) Age of husband or wife if alive 57 7/8 years

7. Birth date of deceased Sep 20 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 20 If less than one day
hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Self (Retired)

12. Name Adolph Eller

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Koch

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Eller

(b) Address 3910 Ashland Ave.

17. (a) Burial (b) Date thereof 10-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) Oct 4 1940 (b) J. J. Ballew
(Date and place of death) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis 10.
(If outside city or town limits, write "RURAL")

(d) Street No. 3910a Ashland Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2,
year 1940 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 7
1940 to Oct 2 1940
that I last saw him alive on Oct 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia -
pleuritic effusion
Due to Cardiac failure
Due to Senile emphysema
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Pyloric ulcer
(Partial gastric resection)
Of autopsy Bronchopneumonia -
effusion; Cardiac enlargement.

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?

(Specify type of place)
While at work (e) Means of injury.....
23. Signature Cecil G. Aker (M. D. or other)
Address St. Lukes Hosp., St. Louis Date signed 10/3/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.