

FILED NOV 6 1942 318

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8894

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2703 Hadley St. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (b) County 17
(If outside city or town limits, write "RURAL") 9 26
(d) Street No. 2703 Hadley St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

Juanita Eloff

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 46 years
Peter Eloff
7. Birth date of deceased. June 10 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 4 14 hr. min.

9. Birthplace. Stanton Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation. Household Duties

11. Industry or business.....

MOTHER FATHER

12. Name. John Cherry

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

14. Maiden name. Anna Marie Kaesemann

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

16. (a) Informant. Peter Eloff

(b) Address. 2703 Hadley St.

17. (a) Burial (b) Date thereof. 10-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) OCT 27 1942 (b) J. F. Pruden
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT 24 day.....
year 1942 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from DEC.
....., 1942 to OCT 24, 1942

that I last saw h. alive on OCT 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart a full myocardial infarction of deep short infarction chest
Due to.....

Due to Obstructed by upper respiratory infection

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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)..... none

(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 John S. Young M.D. (M.D. or other).....

Address 2806 Hadley St. Date signed 10/27/42

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

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. *3737*

P. O. Address..... *1936 St. Louis Ave*

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.