S. No. 2
M—5-42
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22961

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6340

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: Lutheran Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 46 4

(c) City or town Kirkwood 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1032 S Lindbergh Bl N.R.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME William C Eims

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Eims

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Aug (Month) 20 (Day) 1860 (Year)

8. AGE: Years 82 Months 10 Days 22 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name William Eims
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Kathryn Koehler 4
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Anna Eims

(b) Address 1032 S. Lindbergh Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cemetery

18. (a) Signature of funeral director BERG FUNERAL HOME Inc.

(b) Address WEBSTER GROVES, MO.

19. (a) JUL 13 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12 year 1943 hour 1 minute 10 a M.

21. I hereby certify that I attended the deceased from Dec 9th 1941 to July 12th 1943 that I last saw her alive on July 12th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	12 days
Arterio Sclerosis	10 yrs
Due to Chronic Myocarditis	5 yrs
Due to —	
Other conditions — (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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature A. W. Stein MD (M. D. or other)

Address 3606 Gravois Ave Date signed 7/13/43

(Licensed Embalmer's Statement on Reverse Side) 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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3836 Botanical

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.