

FILED JAN 5 1945  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11168

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:  
**St. Anthony Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Approx. 18 Years**  
(Specify whether years, months or days)

In this community **11**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

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

(d) Street No. **5744 a Etzel**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Eilers**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **June 29, 1866**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **28**  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

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

MOTHER FATHER { 12. Name **Bernard Vonder Aa**

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

14. Maiden name **Elizabeth Meyer**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Albert Henry**

(b) Address **5744 a Etzel**

17. (a) **Burial** (b) Date thereof **12/20/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter & Paul**

18. (a) Signature of funeral director **Wm. J. Robert L. & U. Co.**  
(Specify type of place) While at work? (b) Means of injury

(b) Address **1905 S. Grand Blvd**

19. (a) **DEC 24 1944** **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27** year **1944** hour **3:15 A** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **December 19, 1944** to **December 24, 1944** that I last saw her alive on **Dec 26, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure** Duration \_\_\_\_\_

Due to **Coronary occlusion**

Due to **arteriosclerosis advanced**

Other conditions **stroke 15 yrs ago**

Major findings: Of operations \_\_\_\_\_ Of autopsy **GH**

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? \_\_\_\_\_

23. Signature **Philip J. Haughey, M.D.** Address **3520 Chippewa** Date signed **12/27/44**

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. 3880

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, fact should be so stated above.**