S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1945 318

Registration District No. ..... Primary Registration District No. 1003

State File No. 4226

Registrar's No. 1046

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
654 A Tower Grove Ave 1
(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: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 0 18
(If outside city or town limits, write "RURAL")

(d) Street No. 654a Tower Grove Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma T Flory

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex ~~Male~~ FeMALe 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Rudolph

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

7. Birth date of deceased Jan (Month) 29 (Day) 1877 (Year)

8. AGE: Years 68 Months 0 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business at Home

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

MOTHER
14. Maiden name Theresa Schaefermeier
15. Birthplace Germany (City, town, or county) (State or foreign country) 11

16. (a) Informant Muluis Oster 1
(b) Address 654 A Tower Grove Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 3 (Day) 45 (Year)
(c) Place: burial or cremation New St Peter Paul

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) FEB 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 10.55 PM minute ..... M.

21. I hereby certify that I attended the deceased from ~~1945~~ 1/26, 1944, to Jan 30, 1945; that I last saw her alive on 1-29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to .....

Due to .....

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

Major findings:
Of operations No
Of autopsy No

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) .....

(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 Joseph L. Lewis (M. D. or other)

Address 4065 So Grand Date signed 2/1-45

(Licensed Embalmer's Statement on Reverse Side)

Dr Ferris

No. 2711

4065

So Grand

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.