

FILED JUN 19 1945
Registration District No. 377

Primary Registration District No. 6076

State File No. _____
Registrar's No. 1538

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Parish, Jersey
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mt. St. Rose Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months
(Specify whether in this community— years, months or days) Life

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. 4580 McCausland Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME May A. Eilermann

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harold E. Eilermann 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased May 27, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31	0	13	hr. min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Richard J. Quirk

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

14. Maiden name Delia Maloney

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

16. (a) Informant Mr. Harold E. Eilermann

(b) Address 4580 McCausland Ave.

17. (a) Burial (b) Date thereof June 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUN 12 1945 (b) E. B. McRauran
(Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1945 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 8-6-45
19____ to 6-10-45 19____
that I last saw her alive on 6-7-45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death For Adv. Pulm. Tub. Duration 12 3/4 yr.

Due to _____

Due to _____ 136

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Thrombophlebitis

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) NO

(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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Andrew P. Huske (M. D. or other) _____
Address 607 N. Grand Date signed 6/11/45

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

1006

U. Class 1007
1-3

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.....

John Ketter

Licensed Embalmer No. 3880

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.