

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

Primary Registration District No. 1003

Registrar's No. 10884

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:  
4310 McRee  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community life  
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. 4310 McRee  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry W. Eimer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 14 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 9 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Buffalo N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

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

12. Name Wm. Eimer

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

14. Maiden name Barbara Seitz

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

16. (a) Informant Helen Eimer

(b) Address 4310 McRee

17. (a) Burial (b) Date thereof 12-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) DEC 19 1946 (b) Registrar's signature J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16  
 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 16 Dec  
 \_\_\_\_\_, 1946, to \_\_\_\_\_, 1946.

that I last saw him alive on 16 Dec.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(to be reported, if any, 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (i) Means of injury \_\_\_\_\_

23. Signature Robert H. Ryan (M. D. or other) m.d.

Address 450 1/2 Manchester Date signed 12/18/46  
St. Louis, Mo.

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

MOTHER FATHER

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**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 *W. G. Peterson*

Licensed Embalmer No.....

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.**