

No. 2
1/47
17-39

22191

State File No.

FILED JUN 30 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5785

1. PLACE OF DEATH:

(a) County None

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

(c) Name of hospital or institution: Pronounced dead at City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None

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

(d) Street No. 3700 Koeln Ave.
(If rural, give location)

(e) Citizen of foreign country: No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME John R. Eilers Sr.

3. (b) If veteran, name war World War # I

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased II 2 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>7</u>	<u>9</u>hr.min.

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

10. Usual occupation Teamster

11. Industry or business Self employed

12. Name Henry Eilers

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

14. Maiden name Lena Adler

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

16. (a) Informant Mrs. Lillian Wilcox

(b) Address 6116 Alabama Ave.

17. (a) Burial (b) Date thereof 6/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway

19. (a) JUN 12 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2 1947 to 11 1947
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion
Coronary Sclerosis

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of 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)

White at work?..... Means of injury 3

23. Signature [Signature] (M.D. or other) 6/12/47
Address..... Date signed.....

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

MOTHER FATHER

Embalmer separate cert filed

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.....

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.