. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42986

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11725

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: Bethesda Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 7910 Michigan ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Anna Eiler

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Jacob A. Eiler

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

7. Birth date of deceased: May (Month) 24 (Day) 1881 (Year)

8. AGE: Years 66 | Months 6 | Days 28 | If less than one day hr. min.

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

10. Usual occupation: At Home

11. Industry or business

MOTHER FATHER

12. Name: Hy Beckmann

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

14. Maiden name: Augusta Kerh

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

16. (a) Informant: Irwin Eiler

(b) Address: 7910 Michigan ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 26-47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Trinity Cem.

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

(b) Address: 7814 S. Broadway

19. (a) (Date received local registrar) (b) DEC 24 1947 J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1947 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 17 Dec 1947 to 22 Dec 1947 that I last saw her alive on 22 Dec 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decerebrized peritonitis	1 wk
Due to: Dehiscence of the Uterine stump	1 wk
Due to: Adhesiones of small Intestine	1 wk
Other conditions (Include pregnancy within 3 months of death): ② Chronic glomerulonephritis ③ Nutrat. Illness ④ Diabetes mellitus ⑤ Decerebrized arteriosclerosis	
Major findings: Of operation:	
Of autopsy: all above named diseases.	

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)

While at work? (e) Means of injury

23. Signature: Joseph H. Nelson (M. D. or other) MD

Address: 3649 Vista Avenue Date signed: 23 Dec 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.