

S. No. 300  
M-10-47  
ev. 5-17-39  
I 3906

FILED MAR 25 1948

318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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

00  
19  
9

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

3: (a) PRINT FULL NAME HENRIETTA EYERMANN

3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife AUGUST EYERMANN 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased 4 (Month) 4 (Day) 1860 (Year)

8. AGE: 82 Year 12 Months 72 Days If less than one day hr. min.

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

10. Usual occupation NONE

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

MOTHER FATHER { 12. Name UNKNOWN WEIDMER

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

14. Maiden name UNKNOWN

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

16. (a) Informant WM R. McGUIRE

(b) Address 3637 SO. GRAND BLVD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 19, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Wm J. Robert R & V Co

(b) Address 1905 SO. GRAND BLVD

19. (a) MAR 18 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town GARDENVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. NR 8149 GRAVOIS AVE (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16 year 1948 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from 3/14/48 to 3/16/48; that I last saw h. SA alive on 3/16/48 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobes RT. 48 hr

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

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

Other conditions (Include pregnancy 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) (e) Means of injury \_\_\_\_\_

23. Signature Wm R. McGUIRE (M. D. or other) MD

Address 3606 Gravois Date signed 3/17/48

MAR 31 1944

---

---

**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 Ronald O. Yalunke  
Licensed Embalmer No. 53917  
P. O. Address St. Louis

**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.**