

#87695

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24252
Registrar's No. 6261

FILED JUL 22 1948

Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

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") 9

(d) Street No. 5943 SALOMA 0
Memorial (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert W. Eilerman

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-05-3336

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1948 hour 11 minute 20 P M.

21. I hereby certify that I attended the deceased from 7/11/48
_____, 19____, to July 12th, 19____ 48
that I last saw h. im alive on July 12th, 19____ 48
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MARGARET FITZGERALD

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

7. Birth date of deceased: Nov 2 1882
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to _____

Due to _____ 107

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

8. AGE: Years 65 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation SUPERVISOR

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy same

MOTHER FATHER {

11. Industry or business _____

12. Name HENRY EILERMAN

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

14. Maiden name ELIZABETH HENKE

15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant HAROLD EILERMAN

(b) Address 5943 SALOMA AVE.

17. (a) BURIAL (b) Date thereof 7/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director John J. Bredak

(b) Address 4600 Nat'l. Bridge

19. (a) JUL 14 1948 (b) J. J. Bredak
(Date received local registrar) (Registrar's signature)

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 Carroll Hendin (M. Director)
1515 Lafayette 7/13/48
Address Date signed

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.

Emb. cert separately

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.