FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24253
Registrar's No. 6301

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2767 Hickory 0
(If rural, give location)
22
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EILERS, CATHERINE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FE 1
5. Color or race W 1
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W 2
6. (b) Name of husband or wife HENRY EILERS.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 2 (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 13 If less than one day br. min.
9. Birthplace ST. LOUIS, (City, town, or county) MO. (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER
12. Name JOHN WORTMANN
13. Birthplace (City, town, or county) GERMANY (State or foreign country) 4
MOTHER
14. Maiden name CATHERINE KNESE
15. Birthplace (City, town, or county) GERMANY (State or foreign country) 4
16. (a) Informant Mrs Anna Eilers
(b) Address 2767 Hickory
17. (a) BURIAL (Burial, ~~cremation or removal~~) (b) Date thereof July 17-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ SS Peter & Pauls
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) JUL 16 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15 year 1948 hour 30 minute 50 A M.
21. I hereby certify that I attended the deceased from 7-6-48, 19, to 7-15, 1948 that I last saw her alive on 7-15- 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| (1) Cerebral Vascular episode | 24 hrs. |
| (2) Broncho pneumonia | 48 hrs. |
| Due to (3) Chronic myocarditis | unknown |
| 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)
While at work? (e) Means of injury
23. Signature [illegible] Bowdish (M. D. ~~or other~~)
Address 5800 Arsenal Date signed 7-15-48

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

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

## 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 Jos B Wollenk

Licensed Embalmer No. 4614

P. O. Address St Louis Mo

**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.**