

B. No. 2
-1/47
5-17-39

FILED JUL 31 1948
Registration District No. 277

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether years, months or days) 3 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade 37
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. S. of Pershing
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MILDRED EIKERMANN

3. (b) If veteran, name war. ---- 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced, or separated Married
6. (b) Name of husband or wife Milton Eikermann 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 11 1911
(Month) (Day) (Year)

8. AGE: Years 37 Months 3 Days 0 - If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Louis Hummert

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

14. Maiden name Emma Stock

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

16. (a) Informant Milton Eikermann

(b) Address Pershing, Mo

17. (a) Removal (b) Date thereof 7-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Mo

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 7-12-48 (b) Cecil Q. Clark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour 5:10 minute P.M.

21. I hereby certify that I attended the deceased from 7/11/48, 19 to 7/11/48, 19; that I last saw him alive on 7/11/48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Paresis approx 9 hrs
Acute Anemia - 80 hrs
Spontaneous Rupture of Uterus - Pregnancy 28 weeks gest. 80 hrs

Major findings: Placenta + fetus free in abdomen after spontaneous rupture of uterine from rupture in uterus

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 145-72

(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? Means of injury?

23. Signature Paul J. Helton M.D. J.C.S. 624 N. Grand Ave. Date signed 7/17/48

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

MOTHER FATHER

St. Louis, MO

AUG 27 1948

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.....

Frank H. Paul

Licensed Embalmer No. *2675*

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.