

No. 300  
4-10-47  
7-5-17-39  
I 3906

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35095  
Registrar's No. 2-00

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Normandy, Missouri  
(c) Name of hospital or institution:  
7277 Country Club Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
Life years, months or days)

3: (a) PRINT FULL NAME Anthony J. Eultgen  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Late Ann Eultgen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 2nd, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 8 26 hr. min.

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

10. Usual occupation Retired

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

12. Name Anthony Eultgen  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Schoenborn

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

16. (a) Informant Miss Anita Eultgen  
(b) Address 7277 Country Club Drive

17. (a) Burial (b) Date thereof 10/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz  
(b) Address 4828N Natural Bridge Boulevard

19. (a) 10-30-48 (b) Calvin F. Feutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: St. Louis  
(a) State Missouri (b) County ST. LOUIS  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7277 Country Club Drive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th  
year 1948 hour 12 minute 10 A.M.  
21. I hereby certify that I attended the deceased from Jan 1  
1948 to Oct 12 1948  
that I last saw him alive on Oct 12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral  
Due to \_\_\_\_\_  
vascular  
Due to \_\_\_\_\_  
1310

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 G. H. Leming (M. D. or other) M.D.  
Address 2342 St. Louis Date signed 10/28/48

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

76  
0  
0

312

25th & St. Louis Aves.,  
2:00 P.M.  
CH. 2013

**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 John A. Mliscin

Licensed Embalmer No. 4186

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.**