

S. No. 300
v. 10.48

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **814**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **18**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).	
a. COUNTY Franklin		a. STATE Missouri	b. COUNTY Franklin 26
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washington)	c. LENGTH OF STAY (in this place) 1 da	c. CITY (If outside corporate limits, write RURAL and give township) Washington 6	
d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 704 James 0	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) EDWARD	(Middle) GEORGE	c. (Last) EILERS	(Month) 1	(Day) 22	(Year) 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14-1876	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7 Days 8	IF UNDER 24 HRS. Hours Min.
---------------------------	--------------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm hand	10b. KIND OF BUSINESS OR INDUSTRY farm hand	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	---

13a. FATHER'S NAME John Detrich Eilers	13b. MOTHER'S MAIDEN NAME Johanna Rippen	14. NAME OF HUSBAND OR WIFE Anna Eilers
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Eilers	ADDRESS 704 James St.
---	---	--	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) 3 3 1 8		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chol. regurgitates			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	-----------------------------------

22. I hereby certify that I attended the deceased from 1-20, 1949, to 1-22, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD.	23b. ADDRESS Washington Mo.	23c. DATE SIGNED 1-24-49
--	------------------------------	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 25-1949	24c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier Cemetery	24d. LOCATION (City, town, or county) (State) Washington Mo.
--	-------------------------------------	--	--

DATE REC'D BY LOCAL REG. Jan. 24, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Washington, Mo.
--	---	--	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

36
6
2

RECEIVED

District Health Officer No. 9,
60
Date Recd FEB 8 1949

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.....

Student Embalmer No.

working under my personal supervision.

Signed 

Signed.....
Student Embalmer

Licensed Embalmer No. 2464

P. O. Address Washington 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.