

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9994
2458

State File No.
Registrar's No.

FILED MAR 26 1949

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.			c. LENGTH OF STAY (In this place) 1 1/2 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital.					d. STREET ADDRESS (If rural, give location) 1616 N. Kingshighway				
3. NAME OF DECEASED (Type or Print) a. (First) ROY			b. (Middle) M		c. (Last) EILERS		4. DATE OF DEATH (Month) (Day) (Year) MARCH 16 1949		
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Dec. 12, 1877		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patent Attorney.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME August H. Eilers.			13b. MOTHER'S MAIDEN NAME Agnes M. Coudy.			14. NAME OF HUSBAND OR WIFE Fern Lawrence Eilers.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Roy M. Eilers, 1616 N. Kingshighway.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES <i>Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerosis, generalized DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 83 332X						INTERVAL BETWEEN ONSET AND DEATH 3-4 hours many years.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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 Mar. 16 , 19 49 , to Mar. 16 , 19 49 , that I last saw the deceased alive on Mar. 16 , 19 49 and that death occurred at 11:25Pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Previously under treatment) H Bradley					23b. ADDRESS Barnes Hospital.			23c. DATE SIGNED 3/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Interment.		24b. DATE 3/19/49.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.			
DATE REC'D BY LOCAL MAR 18 1949			REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons. 7233 Delmar Blv'd.,			

6

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

(Licensed Embalmer's Statement on Reverse Side)

2458

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.....

Clarence A. Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *4011*

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.