

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1949

State File No. **28012**
76734
Registrar's No. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 3650 SHAW BLV. 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3650 SHAW BLV. 17			d. STREET ADDRESS (If rural, give location) 3650 SHAW BLV. 17			
3. NAME OF DECEASED (Type or Print) MINNIE		a. (First)	b. (Middle)	c. (Last) EILBOTT	4. DATE OF DEATH (Month) (Day) (Year) Sept 4-49	
5. SEX FEMALE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH JAN-15-1869	9. AGE (In years last birthday) 80 yrs	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) PINEBLUFF ARK		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GERSON MAY		13b. MOTHER'S MAIDEN NAME REGINA WISE		14. NAME OF HUSBAND OR WIFE LEON EILBOTT.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Hf. Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis, generalized a-Cardiac failure c-aortic insufficiency DUE TO (c) Utricular incompetency d- class IV II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroidism (= Myxoedema)			INTERVAL BETWEEN ONSET AND DEATH yrs. yrs.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis Mo. 91		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500				
22. I hereby certify that I attended the deceased from Jan. 19 48 , to Sept 4, 1949 , that I last saw the deceased alive on 7 Sept. , 19 49 , and that death occurred at 2:22 A m. , from the causes and on the date stated above.						
23a. SIGNATURE Charles Froumer M.D. (Degree or title)		23b. ADDRESS 6454 Perrod.		23c. DATE SIGNED 9-4-49.		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Sept 4-49	24c. NAME OF CEMETERY OR CREMATORY ARKANSAS	24d. LOCATION (City, town, or county) (State) PINEBLUFF ARKANSAS			
DATE REC'D BY LOCAL REG. SEP 6 1949		REGISTRAR'S SIGNATURE J B Lanster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette			

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

8292

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Jon B. Kollmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4214

P. O. Address 3125 Lafayette Av.

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.