

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43717**

318

1003

Registrar's No. **10609**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) LEMAY 4870	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) RT. 9 BOX 440 CHRISTOPHER DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. BAP. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) SELMA	b. (Middle) K.	c. (Last) EILER	4. DATE OF DEATH (Month) (Day) (Year) DEC. 12, 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH JUNE 26, 1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) BELLEVILLE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME CHARLES MUELLER	13b. MOTHER'S MAIDEN NAME ANNIE SCHAWLB	14. NAME OF HUSBAND OR WIFE GEORGE F. EILER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME GEORGE F. EILER	ADDRESS CHRISTOPHER DR. LEMAY, MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 28 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had hysterectomy for Bleeding Ulcer of Polypus		3 weeks	

19a. DATE OF OPERATION 11-22-50	19b. MAJOR FINDINGS OF OPERATION Large Uterine Polypus -	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 207X
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22. I hereby certify that I attended the deceased from **12/11**, 1950, to **12/12**, 1950, that I last saw the deceased alive on **12/11**, 1950, and that death occurred at **12:05A** m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Evans J. Hunt, M.D.	22b. ADDRESS 220 N. 4th St. Louis 2 Mo	22c. DATE SIGNED 12/12/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 14, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road Lemay, Mo
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DATE REC'D BY LOCAL REG. DEC 12 1950	REGISTRAR'S SIGNATURE J. B. Kautz	5. HOFFMEISTER'S SIGNATURE _____ ADDRESS 7814 S. BROADWAY, ST. LOUIS, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.