

11519

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2363**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Clayton</b> <b>4442</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>8052 Davis Drive, Clayton.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Eyer mann.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 28 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 14, 1890</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Business</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance Broker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Euer mann.</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known.</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine Euer mann.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY (If yes, give no. or date of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Josephine Eyer mann</b>	ADDRESS <b>8052 Davis DR.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Hypert. + art. scler. heart disease</b> the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>
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22. I hereby certify that I attended the deceased from **Nov 20 1952** to **2/28**, 19**53**, that I last saw the deceased alive on **2/27**, 19**53**, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. B. Javan MD</b> (Degree or title)	23b. ADDRESS <b>539 N. Grand St. St. Louis</b>	23c. DATE SIGNED <b>2/2/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 2, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, CO. MO.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 2 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz-Koeller</b>	ADDRESS <b>5967 W. Florissant</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..

Student.....  
Signature of Student Embalmer

Signed *William E. Bushby*.....

Licensed Embalmer No. *216*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.