

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23682  
Registrar's No. 6567

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN St. Louis (If rural, give location)	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		3. STREET ADDRESS (if rural, give location) 6550 Hoffman Ave. 203 1/2	

3. NAME OF DECEASED (Type or Print) MARGARET A. EILERMANN			4. DATE OF DEATH (Month) (Day) (Year) July 28 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Aug. 28, 1890		9. AGE (In years) (last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James Kennedy		13b. MOTHER'S MAIDEN NAME Bridget Fox		14. NAME OF HUSBAND OR WIFE Late Harry Eilermann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Theresa Mitnik	
				ADDRESS 6550 Hoffman Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary infection		1 1/2 hrs.	
		APPEARENT CAUSES DUE TO (b) Pulmonary embolism			
		DUE TO (c) Myocardial infarction, secondary to atherosclerosis of the coronary arteries			
		II. OTHER SIGNIFICANT CONDITIONS Fracture, neck of right femur, sustained			
		Conditions contributing to the death but not related to the disease or condition causing death: fall at home on July 7, 1955			

19a. DATE OF OPERATION July 28, 1955		19b. MAJOR FINDINGS OF OPERATION Fracture, neck of right femur. Prosthetic inserted		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 443XF	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-7-55 - m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell at home	

22. I hereby certify that I attended the deceased from October 1954, to July 28, 1955, that I last saw the deceased alive on July 28, 1955, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John T. Lawton, M.A.		23b. ADDRESS 589 N. Grand Blvd.		23c. DATE SIGNED July 29, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. JUL 29 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	
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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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storrson*.....

Licensed Embalmer No. *40*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.