

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37839**

FILED DEC 3 1956

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

|   |  |   |  |   |  |  |  |                                  |  |
|---|--|---|--|---|--|--|--|----------------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>144</u>   |  | PRIMARY REG. DIST. NO. <u>4234</u>  |  | Registrar's No. <u>106</u>   |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Iron</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>City</u> |  |  |  |                                  |  |
| b. CITY OR TOWN <u>Ironton, Mo Rural</u>  |  | c. LENGTH OF STAY (in this place) <u>4hrs</u>   |  | c. CITY OR TOWN <u>St. Louis, Mo.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>4443 Chipawa St</u>               |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>  |  |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>II 25 56</u>   |  |  |  |                                  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>William</u>  |  | b. (Middle) <u>Roy</u>  |  | c. (Last) <u>Eiler</u>  |  |  |  |                                  |  |
| 5. SEX <u>male</u>  |  | 6. COLOR OR RACE <u>white</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>  |  | 8. DATE OF BIRTH <u>3/2/1938</u>   |  |                                  |  |
| 9. AGE (In years last birthday) <u>18</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>        |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Chain Saws</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Mo.</u>          |  |                                  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13a. FATHER'S NAME <u>Philip Eiler</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Emma Lee Foll</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Single</u>  |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Philip Eiler</u> ADDRESS <u>4443 Chipawa St Louis</u>  |  |  |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.               |  |   |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severed Aorta</u>   |  |   |  | DUE TO (b) <u>Shot Gun</u>  |  |  |  |                                  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |   |  | DUE TO (c) _____  |  |  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |  |   |  |  |  |                                  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | E919.1<br>43  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Farm</u>           |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Belleview Rural Iron Mo</u>  |  |  |  |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>II 25 56 10<sup>am</sup></u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Shot while hunting</u>  |  |  |  |                                  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19 <u>56</u> , and that death occurred at <u>11. A</u> m., from the causes and on the date stated above. |  |   |  |   |  |  |  |                                  |  |
| 23a. SIGNATURE <u>C. A. Samuel</u> (Degree or title) <u>Coroner</u>   |  |   |  | 23b. ADDRESS <u>Ironton, Mo.</u>  |  | 23c. DATE SIGNED <u>II/26/56</u>   |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>II/28/56</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St Trinity Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>         |  |                                  |  |
| DATE REC'D BY LOCAL REG. <u>11-26-56</u>  |  | REGISTRAR'S SIGNATURE <u>Mr. Aris Jones</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckweider Funeral Home</u> ADDRESS _____   |  |  |  |                                  |  |

REC

**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 .....  
Student Embalmer

Signed C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Winton, N.C.

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.