

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10225

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2763**

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5036 Farlin Ave</b>			Length of stay in lb <b>20 7/9</b>	STREET ADDRESS (If outside, give location) <b>5044 Farlin Ave</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HERMAN</b> Middle <b>O</b> Last <b>EYERKUSS</b>				4. DATE OF DEATH <b>Mar. 20-57</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 19-1909</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Core Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brass Foundry</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Frank Eyerkuss</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>W.W.#2</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Viola Eyerkuss</b> Address <b>4535 Natural Bridge</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <b>845 A</b> m on the <b>20</b> date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Frank A. Leidner</b> (Degree, Title, Position)				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>3/21/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Mar. 23-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co. Missouri</b> (State)			
24. FUNERAL DIRECTOR ADDRESS <b>Leidner Undertaking Co 2223 St. Louis</b>			25. DATE RECD. BY LOCAL REG. <b>Av: MAR 21 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare  
Public  
Service300  
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. W. Dinkley*.....  
Licensed Embalmer No. *365*.....  
P. O. Address *H. Lewis*.....

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.