

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012540

STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 651

Health, Welfare, Public Service, 4006, 3, 100, -56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. ST. Louis Co. Hosp.</u>			Length of stay in 1b <u>DOA 12 1/2</u>		d. STREET ADDRESS (If outside, give location) <u>2033 Arsenal ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Edwin</u> Last <u>Eilers</u>				4. DATE OF DEATH Month <u>March</u> Day <u>1</u> Year <u>1958</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 18, 1888</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Athletic Director</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Washington University</u>		
11. BIRTHPLACE (City and state or country) <u>ST. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>Louis Eilers</u>				14. MOTHER'S MAIDEN NAME <u>Louise EdelmANN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>W. W. #1</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>Adolph W. Ganahl</u> Address <u>2920 Milton Blvd.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis &amp; Infarction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary Arteriosclerosis</u>		DUE TO (c) <u>General Arteriosclerosis</u>		<u>4/201</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>    </u> Month, Day, Year a. m. <u>    </u> p. m. <u>    </u>								
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan. 23, 1958</u> to <u>Mar. 1, 1958</u> and last saw her alive on <u>Feb. 20, 1958</u> . Death occurred at <u>New Spain</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Herbert R. Donke M.D.</u>				22b. ADDRESS <u>3720 North St Ber</u>		22c. DATE SIGNED <u>Mar. 3, 1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 4, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Picken Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>ST. Louis, Mo.</u>			
24. FUNERAL DIRECTOR <u>Witt Ben L. U.G.</u> ADDRESS <u>2927 S. Jefferson</u>			25. DATE REC'D. BY LOCAL REG. <u>3-4-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>			

**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..... *Harold C. Witt* .....

Licensed Embalmer No. 435

P. O. Address 2929 S. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.