

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020880-

FILED IN MAY 25 1960

Primary Registration District No. 2 4090

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. Louis</i>		Length of stay in 1b	c. CITY OR TOWN <i>ST. Louis</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2023<sup>1</sup> Arsenal ST.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2023<sup>1</sup> Arsenal ST.</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Louise</i> Middle Last <i>Eilers</i>			4. DATE OF DEATH Month <i>April</i> Day <i>12</i> Year <i>1960</i>			
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 8, 1868</i>	9. AGE (last birthday) <i>91</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>ST. Louis Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Martin Zinner</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Ficke</i>	14. NAME OF HUSBAND OR WIFE <i>Louis H. Eilers</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>UNKNOWN</i>	17. INFORMANT <i>Louise Schumann</i>	Address <i>2023<sup>1</sup> Arsenal ST.</i>
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18. CAUSE OF DEATH (Enter only one cause per line following (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Conjunctive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	DUE TO (b) <i>Acute Capillary Bronchitis</i>	
	DUE TO (c) <i>Dementia</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour <i>5:47</i> Month, Day, Year <i>Mar. 5/60</i> a.m. p.m.	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 <i>St. Louis</i>	COUNTY <i>St. Louis</i>	STATE
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21. I attended the deceased from <i>Mar. 5/60</i> to <i>Apr. 12/60</i> and last saw her alive on <i>Apr. 12/60</i> Death occurred at <i>5:47 p.m.</i> on the date stated above, and to the best of my knowledge, from the cause stated.	
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22a. SIGNATURE <i>A. M. Zimmer, M.D.</i>	(Degree or title)	22b. ADDRESS <i>2014 S. Jefferson</i>	22c. DATE SIGNED <i>Apr 13 1960</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>April 15, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Pickan Cemetery</i>	23d. LOCATION (City, town, or county) <i>ST. Louis, Mo.</i>
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24. FUNERAL DIRECTOR <i>With Ben L. U.C.</i>	ADDRESS <i>2929 S. Jefferson</i>	25. DATE RECD. BY LOCAL REG. <i>APR 14 1960</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Etton R. Remelmer

Licensed Embalmer No. 4283

P. O. Address St. Louis

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