URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-024473

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6085

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis

Length of stay in 1b: 5 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1388 Union Blvd.,

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair

c. CITY OR TOWN: Belleville,

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 28 South 13th Street

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle Last EILERS

4. DATE OF DEATH: Month June Day 12, Year 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7/23/78

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Floraville, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Peter Methier

13b. MOTHER'S MAIDEN NAME: Katherine Lillich

14. NAME OF HUSBAND OR WIFE: John Eilers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: + Bertha Siegel Address: 216 North 46th Belleville, Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arterio-sclerosis

DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY – Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6/10/60, to 6/12/60 and last saw ~~him~~ her alive on 6/4/60

Death occurred at 6:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hilleon O. Mowry M.D.

22b. ADDRESS: 3625 Fairone

22c. DATE SIGNED: 6/14/60

23a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial

23b. DATE: 6/15/60

23c. NAME ~~OF CEMETERY OR CREMATORY~~: Mt. Hope

23d. LOCATION (City, town, or county) (State): Belleville, Ill.

24. FUNERAL DIRECTOR: [illegible] ADDRESS: Belleville, Ill.

25. DATE REC'D BY LOCAL REG.: JUN 14 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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