

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10450 -61-042363
 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY ---
 b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b 18 Years
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3500 Miami Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Julia Middle Eiler Last Eiler 4. DATE OF DEATH Month 11 Day 9 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH May 3, 1878 9. AGE (last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor 10b. KIND OF BUSINESS OR INDUSTRY retail Dry Goods 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Andrew Eiler 13b. MOTHER'S MAIDEN NAME Mary Hoffman 14. NAME OF HUSBAND OR WIFE ****

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Eulalia Francis Address 2771 Madison Ave. Granite City, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Fracture of right hip.
 DUE TO (b) Generalized atherosclerosis.
 DUE TO (c) suffered in fall at Aldenheim home on Oct., 21-61.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 904.7 - 45
 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.) See above

20c. TIME OF INJURY Hour ? a.m. ? p.m. 10-21-61 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.) 16 Home 20f. CITY, TOWN, OR LOCATION St. Louis, Mo COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ 10:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 11-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-13-61 23c. NAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) (State) Edwardsville Twsp. Ill.

24. FUNERAL DIRECTOR Funeral Home ADDRESS Granite City, Ill. 25. DATE RECD. BY LOCAL REG. NOV 10 1961 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 NOT EMBALMED Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Henry J. Biegan

Licensed Embalmer No. ILL. 8210

P. O. Address Shawnee City, Ill.

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.