

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040176

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9665**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 19 1962

VS 300
Rev. 4/59

DATE AMENDED

1
24000-38

3

4 1

5 2

6

7 0

8 2

9

10

11

12 81-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

Original - Pt. had been having hemorrhages into tissues of larynx & epiglottis - body for some time -

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 9 hours	c. CITY OR TOWN Bel-Nor
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8454 Ardley Drive
a. STATE Missouri		b. COUNTY St. Louis	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Mary (Mamie)	Middle J.	Last Eilermann	Month October	Day 8,	Year 1962
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-1884	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Sandbothe		13b. MOTHER'S MAIDEN NAME Katherine Klausmeyer		14. NAME OF HUSBAND OR WIFE deceased	
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 Address Mrs. Arthur Eilermann, 8454 Ardley Drive		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	HEART FAILURE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) HEMORRHAGE, MASSIVE, INTO	
	DUE TO (c) SOFT TISSUE OF (L) BUTTOCK	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE 296X		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	
---	--	---	--

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.)	
---	---	--	--

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

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 1959 to 10/8/62 and last saw her/him alive on 10/8/62
Death occurred at 8:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul M. Larson M.D.</i>	(Degree or title)	22b. ADDRESS 3654 South Grand	22c. DATE SIGNED 10/9/62
--	-------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-11-62	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri	(State)
--	------------------------------	---	---	---------

24. FUNERAL DIRECTOR Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave. St. Louis 7, Missouri	25. DATE RECD. BY LOCAL REG. OCT 9 1962	26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>
---	---	---	---

USE BLACK INK OR TYPEWRITER RIBBON

81

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 Julius R Brown

Licensed Embalmer No. 5146

P. O. Address St Louis, Mo.

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.