MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39080

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11561

City St. Louis, Mo. (No. City Sanitarium St. ..... Ward)

2. FULL NAME Orville Eaton

(a) Residence. No. Cobery St. 13 Ward. Riverview Garden, St. Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Celesta Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	1	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT O Mullinax MD
(Address) 5300 Arsenal

15. FILED NOV 26 1929, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-25 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-22, 1929, to 11-25, 1929 that I last saw him alive on 11-25, 1929, and that death occurred, on the date stated above, at 10 50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of Insane

~~Chronic Myocarditis~~

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O Mullinax, M. D.

11-25, 1929 (Address) 5300 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cook Station Mo	Nov. 29 1929
20. UNDERTAKER	ADDRESS
Wm F Paschedag	2825 No Grand Blv

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD