

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township St. Louis # Primary Registration District No. 1000
 City St. Louis (No. 1215 Oakley Plc.) _____ St. _____ Ward _____

File No. _____
 Registered No. 6564
1636 _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. #1215 Oakley Plc. _____ St. _____ Ward _____
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis E. Eaton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1871
 7. AGE YEARS 60. MONTHS 1. DAYS 22. If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 13. NAME Char H. Stells.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York?
 15. MAIDEN NAME Lydia Jackson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) #1215 Oakley Plc.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Feb 19th 1932
 19. UNDERTAKER (ADDRESS) D. R. Leptanopoulos, #4449 Olive Street.
 20. FILED Feb 19 1932 Missouri Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932
 22. I HEREBY CERTIFY, that I attended deceased from Jan 10 1931 to July 16, 1932
 I last saw her alive on July 16, 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver (Date of onset Jan 31)
46E 46E

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) D. J. Henry, M. D.
 (Address) Missouri Bldg.

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.

Mo. Theater
Jeff 8411 1-2