WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

21386

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 5945

City St. Louis (No. St. Mary's Infirmary St. ..... Ward)

2. FULL NAME Edward Easton

(a) Residence, No. 1111 N 7th St. St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk, Shoe Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94A
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 82E 95E

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Edw. Easton Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER

15. MAIDEN NAME Mary Cunningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT (ADDRESS) Sadie Merz 4222 California Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE June 25th, 1932

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.

20. FILED JUN 25 1932 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to June 22, 1932

I last saw him alive on 6-22-32, 19..... Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolic to brain -	
Ac cardiac dilatation	

Other contributory causes of importance: (1)

Bacterial Endocarditis (acute)

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X 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 X

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) R. O. Muether, M. D.

(Address) 1536 Papin