

APR 9 1935

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

Do not use this space.

11018

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 4308, Penrose) St. .... Ward (.....)

File No. ....  
 Registered No. **2647**

## 2. FULL NAME

Katherine Eaton  
 (a) Residence, No. 3922 Turner St., 10 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
74 11 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.13. NAME Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT Mrs Robert Baugess (ADDRESS) 4308 Penrose18. BURIAL, CREMATION, OR REMOVAL PLACE Cawary DATE March 22, 193519. UNDERTAKER Cullinane Bros (ADDRESS) 1710 N Grand20. FILED 21 1935 19 J. Brudeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19, 193522. I HEREBY CERTIFY, That I attended deceased from 3/2, 1935, to 3/19, 1935I last saw him/her alive on 3/19/35, 19..... Death is said to have occurred on the date stated above, at 11:50 p.m.

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

Cerebral Hemorrhage -  
Hemiplegia  
82  
Hypertension

Date of onset 3/7/35

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? no

If so, specify.....

(Signed) E. J. Chopin, M. D.(Address) 8321 N. Bly

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.

83214. Broadway.