JAN 10 1938

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

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Do not use this space.

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1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. 1003 Registered No. 11537
(c) City St. Louis, Mo. (d) Street No. 5071 Wells Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lewis Austin Eaton
(a) Residence, No. 5071 Wells Avenue St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Eaton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10th, 1855
7. AGE: YEARS 82 MONTHS 7 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as saw mill, bank, Hydrox Ice Cream Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 12 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Irondale, Missouri

FATHER
13. NAME Abraham Eaton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME Emily Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Ella Schmieder, 5071 Wells Avenue
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell, Mo. DATE December 16, 1937
19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue
20. DEC 15 1937, 19 J. H. Bredeck, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937, to December 13, 1937
I last saw him alive on December 13, 1937. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Throat primary in Larynx | 1 yr. |

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Other contributory causes of importance:
Arterio-Sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) Ralla Beaey, M. D.
(Address) 6400 Easton Avenue

(Licensed Embalmer's Statement on Reverse Side)

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.

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## STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

**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.)**