

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

REC'D MAR 13 1939

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

5033
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City
(d) Street No. 791 1003 St. St. Lukes Hospital 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 377 Baby Eades "A"

(a) Residence, No. 4001 Washington Blvd. St. 19
(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 Stlbrn.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1939

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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.

FATHER 13. NAME James E. Eades
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Ind.

MOTHER 15. MAIDEN NAME Astrid Smerud
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westby, Wisc.

17. INFORMANT James E. Eades
(ADDRESS) 4001 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE 2-24-39

19. FUNERAL DIRECTOR Ira Hamilton
(ADDRESS) City Health Dept.

20. FILED J. B. Brudick 19 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
I last saw him on Feb. 5, 1939. Still birth

to have occurred on the date stated above, at 10:20 a. m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Still birth
Prematurity

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?
If so, specify
(Signed) J. R. Russell Vaughan, M. D.
(Address) St. Lukes Hospital

FEB 23 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
.....
Licensed Embalmer No.....

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.)