DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44730

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2269

1. PLACE OF DEATH:
(a) County: Saint Louis
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm: 12-20-39 (Specify whether years, months or days) In this community: Unknown

2. USUAL RESIDENCE OF DEACESED:
(a) State: Illinois (b) County: St Clair
(c) City or town: East Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 1922 N. 57th Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME: Everett O. Eastham
3. (b) If veteran, name war: World
3. (c) Social Security No.: 483-05-3020

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruby
6. (c) Age of ~~husband~~ or wife if alive: 60 years
7. Birth date of deceased: August 6, 1890 (Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace: Kirmundy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Switchboard Operator
11. Industry or business: --
12. Name (Father): William Eastham
13. Birthplace (Father): Kirmundy, Illinois (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Jemimina Blackburn
15. Birthplace (Mother): Kirmundy, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: [illegible], V.A.F.
(b) Address: Jefferson Barracks, Missouri.
17. (a) East St Louis (Burial, cremation, or removal) (b) Date thereof: 12 23 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: E St Louis
18. (a) Signature of funeral director: Harry Roberts
(b) Address: 417 N 6th St East Louis Ill
19. (a) DEC 24 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1939 hour 1:25 PM minute ___ M.
21. I hereby certify that I attended the deceased from December 22, 1939, to December 22, 1939 that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyelo-nephritis, chr. bilateral, severe.	unkn.
Due to:	
Contributary: ~~xxxx~~ 1. Hypertensive heart disease with cardiac enlargement; myocardial damage and myocardial insufficiency.	
Other conditions (Include pregnancy within 3 months of death): 2. Secondary Anemia, severe	unkn.

Major findings: Of operations: No operation
Of autopsy: See cause of death

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: C. W. HUGHES, M. D. Chief (M.D. or other) Med. Officer
Address: VAF Jefferson Bks., Mo. Date signed: 12-22-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

, Registered Apprentice No.

working under my personal supervision.

Signed C. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills.

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.)

If this body is not embalmed, above space should be left blank.