MAY APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8715

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2198

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. 8 mos 33 days (Specify whether
In this community 72 yrs. 3 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1218 Carroll St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Katie Eddington

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Eddington

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Oct. (Month) 11, (Day) 1867 (Year)

8. AGE: Years 72 Months 4 Days 23 If less than one day hr. min.

9. Birthplace St. Lousi (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Private Homes

FATHER
12. Name Adolph Feltrop
13. Birthplace Saxony (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Wohlschlaeger
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peter Gold
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickens Cem

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) MAR 5 1940 (Date received local registrar) (b) J. F. Bernhardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 rd.
year 1940 hour 8:25 minute p m M.

21. I hereby certify that I attended the deceased from July 1, 1939 to March 3, 1940
that I last saw her alive on March 3, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of ovary with Metastasis to Lung	
Due to 7-39-x	
Due to Pulmonary Edema 3-3-40	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 W. Gandoser (M. D. or other)
Address 5400 Arsenal St Date signed

(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 1 X19311

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.