

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Bethesda Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Irene Eaton

8. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ivy Eaton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 24 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	8	27	hr. _____ min.

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name John Glasgow

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Brady

15. Birthplace Houston Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Nichols

(b) Address Howe Mills, Mo.

17. (a) Removal (b) Date thereof 3-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cooks Station, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) 3-21-40 (b) J. B. Bredenk  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt  
 (c) City or town Howes Mill  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/20 day 20  
 year 1940 hour 11:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 3/15/40  
 19\_\_\_\_ to 3/20/40 19\_\_\_\_;  
 that I last saw him alive on 3-20-40 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration \_\_\_\_\_

Due to 3) Nephritis

Due to 3) Anterior scleroses

Due to 4) Fractured Hip

Other conditions Spine Change  
(Include pregnancy within 3 months of death)

Major findings of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Great Hip 3/15/40

(c) Where did injury occur? Home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place) (e) Means of injury fall from

23. Signature J. B. Bredenk (M. D. or other) \_\_\_\_\_  
 Address Bethesda Date signed 3/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 8-7-39 1 X1511

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 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

*Robert G. Sledge*

Licensed Embalmer No. 2971

P. O. Address.....

**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.**