

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17106**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4584**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1906 Montgomery St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jesse Eaton **3.57**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. 494-10-254

4. Sex Male **5. Color or race** W. **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Gladys Eaton **6. (c) Age of husband or wife if alive** 30 years
7. Birth date of deceased Oct. 14th. 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 7 9 hr. _____ min.

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

10. Usual occupation Shoe Worker

11. Industry or business Brown Shoe Co.

MOTHER FATHER
12. Name Wyatt Eaton
18. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Eaton
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Eaton
(b) Address 5942 Plymouth

17. (a) Burial **(b) Date thereof** 5-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Mo.

18. (a) Signature of funeral director Proctor and Co.
(b) Address 3710 N. Grand Blvd.

19. (a) MAY 24 1940 **(b) J. B. Braddock**
(Date received local registrar) (Signature of embalmers)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **26**
(If outside city or town limits, write "RURAL")
(d) Street No. 1906 Montgomery St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 23rd.
year 1940 hour 7.00 minute A. M.

21. I hereby certify that I attended the deceased from March
1938, to May 22, 1940
that I last saw him alive on May 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia heart disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Chas. J. Jost (M. D. or other) M.D.
Address 3500 N. Grand **Date signed** 5-24-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

F. H. Jones
1901 Madison
11-1
Q. 8898

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

A. G. Smithers

Licensed Embalmer No.

3916

P. O. Address

3710 N. Grand

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.