96

FILED JUN 10 1940

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

Do not use this space.

19492

1. PLACE OF DEATH
County St. Louis 2 Registration District No. 784
Township Meramec 0 Primary Registration District No. 200
City Eureka (No. ..... St. ..... Ward)

File No. .....
Registered No. 1040

2. FULL NAME 363 MRS. LILLIAN ANNA EATHERTON
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ JOSEPH EATHERTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 - 1869

7. AGE: YEARS 71 | MONTHS 2 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.
10. Date deceased last worked at this occupation (month and year) December 1938
11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oroville, Missouri 0

FATHER
13. NAME JOHN OBRIST 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME NANCY PARKER 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Lillian Null, Eureka, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bethel Cem. Pond Mo. DATE June 2, 1940

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED MAY 31 1940 19 D. R. Meyer M.D. Dr. PH Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1939, to May 30, 1940
I last saw her alive on May 30, 1940 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardosis	July 1938
Gastric Carcinoma	1939
46.	
Other contributory causes of importance:	
Hypertensive cardio renal disease	1930

Name of operation none Date of ✓
What test confirmed diagnosis? none 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? no
If so, specify .....
(Signed) C. R. Beckmeyer M.D., M. D.
(Address) Eureka, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

59M-10-22-36 I X9314

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

Signed: Harry F. Schrader

Licensed embalmer no, 2091

P.O. Address Ballwin Mo.