

AUG 25 1940 791
Registration District No.

Primary Registration District No. 1003

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

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: Christian Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 2631 Tennessee
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Henry P. Eales

3. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife Sally 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 21, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

12. Name Benjamin Eales

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

14. Maiden name Unknown Parker

15. Birthplace Unknown Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant D. H. Eales

(b) Address 2631 Tennessee

17. (a) Burial (b) Date thereof 7/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker - Felderle

(b) Address 2331 S Broadway

19. (a) JUL 12 1940 (b) J. P. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1940 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from 6-25, 1940 to 7-9, 1940
that I last saw him alive on 7-9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Left Coronary Artery thrombosis and Stage Prostatectomy

Due to Senility

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

Major findings: Greatly Enlarged Prostate
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 Norman (M. D. or other) MD

Address 4256 Harne Date signed 7-11-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frank J. Wyland
Licensed Embalmer No. 2675
P. O. Address St Louis

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.