

Registration District No. **791**

Primary Registration District No. **1003**

State File No. _____
Registrar's No. **7309**

I. 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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **15 yrs.**
years, months or days)

8. (a) PRINT FULL NAME **Mildred M. Eves** **120**

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

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

6. (b) Name of husband or wife **Arthur F. Eves** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **January 25 1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 7 3 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Jacob T. Kerth**

18. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Hackmann**

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

16. (a) Informant **Arthur F. Eves**

(b) Address **4144 Quincy st.**

17. (a) **Burial** (b) Date thereof **Aug. 31, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **MT. HOPE Cem. Lomax, Mo.**

18. (a) Signature of funeral director **E. Hoffmeister & Co.**

(b) Address **7814 S. Broadway**

19. (a) **AUG 30 1940** (b) **J. B. Bradlock**
(Date received local registrar) (Signature)

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. **4144 Quincy st.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

No attending physician
20. DATE OF DEATH: Month **August** day **28**
year **1940** hour **3** minute **20 a. m.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Stenosis**
Cardiac Hypertrophy.

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) (b) Means of injury **1.5**
23. Signature **Joseph McFurn** (City, town, or county) **St. Louis**
Address _____ Date signed **9/30/40**

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

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

James J. [unclear]

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

Harry J. Schomaker

Licensed Embalmer No.

2679

P. O. Address

732 Lemay

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.