No. 2
-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36414

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1992

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Robertson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hiway 66 1/4 Mile So. #40 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community 5 mins (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Ferguson Rt 10 Box 273 (If outside city or town limits, write "RURAL")
(d) Street No. Emerald Ave at Woodstock (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Raymond Eddings
3. (b) If veteran, name war ——
3. (c) Social Security No. 492-10-0917
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Eddings
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased November 27 1912 (Month) (Day) (Year)
8. AGE: Years 27 Months 10 Days 27 If less than one day ...hr. ...min.
9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Building Laborer
11. Industry or business Sam McCampbell Plumbing Co.

FATHER
12. Name J. Lindsay Eddings
13. Birthplace Mountain Home Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Ann Smith
15. Birthplace Mountain Home Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Eddings
(b) Address Emerald + Woodstock
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Baumann Brothers
(b) Address 1504 Woodson Overland
19. (a) OCT 21 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1940 hour 11 minute 30 a.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Automobile Collision while driving an automobile on a public highway & colliding with another automobile	
Due to	10/19/40
Due to Fracture of the skull	10/19/40
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10/19/40
(c) Where did injury occur? [illegible] St Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Auto Collision
23. Signature John [illegible] (M. D. or other)
Address Coroner St Louis Co. Date signed 9/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.