S. No. 2
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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

State File No. 40728

Registration District No. 791 J Primary Registration District No. 1003 Registrar's No. 10499

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:
City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Hours
(Specify whether years, months or days)

In this community 4 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. 1218 Wright St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Kay Eloise Eddy

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Nil

6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased June (Month) 9 (Day), 1935 (Year)

8. AGE: Years 5 | Months 6 | Days 12 | If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Howard Eddy
13. Birthplace Stanley (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Hazel Lewis
15. Birthplace Hillsboro (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Howard Eddy
(b) Address 1218 Wright St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 194 (Month) (Day) (Year)
(c) Place: burial or cremation Lewis Cem. Redford, Mo

18. (a) Signature of funeral director Luedmeyer & Sons.
(b) Address 3934 N. 20th. St.

19. (a) DEC 21 1940 (Date received by registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th, year 1940 hour 6:05 minute P. 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.

Immediate cause of death 1st 2nd 3rd Hyne Burn of Body when diffused Clothes became ignited while playing with matches at City home, 1218 Wright Due to Dec 20 1940 about 9:00 Am

Duration

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 Dec 20 1940
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fire

23. Signature Alfred Berry (M. D. or other)
Address Deputy Coroner Date signed 12/31/40

(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 Alfred J. Bredeker

Licensed Embalmer No. 2663

P. O. Address 4264 Prairie

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

If this body is not embalmed, above space should be left blank.