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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9383**
Registrar's No. **2793**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **323 N. Broadway**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Lifetime**
In this community **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ernest A. Eddy**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **194-09-5106**

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

6. (b) Name of husband or wife **Annie Maude Eddy** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **February 8, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	1	19	hr. min.

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

10. Usual occupation **Pres. Eddy & Eddy Mfg., Co.**

11. Industry or business **Wholesale Grocer**

12. Name **Arthur A. Eddy**

13. Birthplace **Auburn, Mass.**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma C. Sackett**

15. Birthplace **Westfield, Mass.**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. A. Eddy Jr.**
(b) Address **522 Overhill Dr.**

17. (a) **Burial** (b) Date thereof **3/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**
(d) Signature of funeral director **Wagoner Und. Co.**
(b) Address **3621 Olive, St. Louis, Mo.**
19. (a) **MAR 29 1941** (b) **J. F. Breakeh**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **522 Overhill Dr.**
(If rural, give location)
(e) **No attending physician**
(f) If foreign born, how long in U. S.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **March** day **27th**
year **1941** hour **12** minute **P.** 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 **Coronary Occlusion**
Coronary Sclerosis
Due to **Arteriosclerosis**
Due to **Arteriosclerosis**
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **Arteriosclerosis**

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 **3**
23. Signature **Thomas Callahan** (M.D. or other)
Address **Deputy Coroner** Date signed **3/29/41**

96
3
V. R.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Robert T. Sangster

Registered Apprentice No. 259

working under my personal supervision.

Signed

Neville D. Frohwitter

Licensed Embalmer No. 3696

P. O. Address St. Louis, Mo.

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, fact should be so stated above.