No. 2
-1-4-41
-17-39
X26390
200
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1941

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 39847

Registrar's No. 9553

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:
0 Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Hawk Point
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

000
17
NR-9

3. (a) PRINT FULL NAME Charles Stevens Eames

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Martha Jane

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

7. Birth date of deceased March (Month) 4 (Day) 1855 (Year)

8. AGE: Years 86 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Eames
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Stevens
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Della Hall
(b) Address Warrenton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) DEC 1 1941 (Date received by local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day November year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 28 1941 to Nov 29 1941 that I last saw him alive on Nov 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Acute
Auricular fibrillation

Due to

Due to

Other conditions Cellulitis of left frontal
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

93a

Duration

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. O. Breckenridge (M.D. ~~or other~~)
Address Metropolitan Bldg. St. Louis Date signed 12/1/41

(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 J. W. M. Kimbley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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

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