

FILED FEB 24 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 375

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3316 Park Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME PAULETTE EAVES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 16, year 1942 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 13, 1942 to Feb. 16, 1942 that I last saw her alive on Feb. 16, 1942 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: Dec 23 1941
(Month) (Day) (Year)

Immediate cause of death: Congenital syphilis
Congenital Heart Disease - Type
is unknown

Due to _____

Due to _____

8. AGE: Years _____ Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel T Eaves

13. Birthplace De Loge MO
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Welles

15. Birthplace Streator ILL
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Samuel T Eaves

(b) Address 3316 Park Ave

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? _____

17. (a) Burial (b) Date thereof Feb 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

While at work? _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director Louis Albers

(b) Address 4452 Washington

23. Signature Royal Highsmith (M. D. or other) MD

Address St. Marys Hospital Date signed 2-16-42

19. (a) FEB 17 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 *John Ketter*

Licensed Embalmer No. *3880*

P. O. Address.....

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.