

FILED JAN 15 1943

Registration District No.

Primary Registration District No. 106

Registrar's No. 2805

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
655 East Adams Ave. /
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL") 3

(d) Street No. 655 East Adams Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Clement Eyraud

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Late Desiree Eyraud

6. (c) Age of husband or wife if alive years
12th 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace France 5
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business retired 15 Yrs.

MOTHER FATHER {

12. Name Unknown Eyraud

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Marius Eyraud

(b) Address 655 East Adams

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd

19. (a) DEC 31 1942 (b) C. E. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th
year 1942 hour 10 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov 10
1942 to Dec 29, 1942
that I last saw him alive on Dec 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation

Due to arteriosclerosis 15 yrs
Co. interstitial nephritis 15 yrs

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 13/0

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).....

(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.....

Signature [Signature] (M. D. or other) MD

Address [Address] Date signed.....

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 Richard W. Storvick

Licensed Embalmer No. 4007

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.