DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4136

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 199

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

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: En route City Hosp #1 (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 0

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo (b) County: St Louis 095

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

(d) Street No. 809 Market St (If rural, give location)

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

3. (a) PRINT FULL NAME: Sydney Barrett Eaton

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

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: Abt (Month) (Day) 1876 (Year)

8. AGE: Years: Abt 67 Months: Days: If less than one day ..... hr. ..... min.

9. Birthplace: (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Porter

11. Industry or business .....

FATHER
12. Name: unknown
13. Birthplace: (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name: unknown
15. Birthplace: (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant: Frances J Fitzgerald
(b) Address: 1300 Clark

17. (a) Interment, Burial, cremation, or removal: Interment (b) Date thereof: 2-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington

18. (a) Signature of funeral director: W Kohler
(b) Address: 3806 Cutter St

19. (a) (Date received by local registrar) MAR 1 1943 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1943 hour 6 minute 10 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: Fracture of skull, Subdural hemorrhage of Brain, when he was struck by a street car

Due to: operated by one Charles Plemeton in front of 919 Davis St. about 6.00 P.M. Jan. 27 1943

Duration

Other conditions (Include pregnancy within 3 months of death): N

Major findings: Of operations: N

Of autopsy: N

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: Jan - 27 - 1943

(c) Where did injury occur? St Louis (City or town) 800 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury: street car

23. Signature: Alfred Berry (M. D. or other)

Address: Regenty Co. Date signed 2/9/43

(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.....

Licensed Embalmer No.....

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.

No. 2B
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No. 1997

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

Body received from Undertaker Board by Pet Bros - 3-26-43

SUPPLEMENTARY

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: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 809 - Market
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sydney Bassett Eaton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
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 abt (Month) (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
abt 67	—	—	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant James J. Fitzsimmons
(b) Address 1300 Clark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Pet Bros
(b) Address 3029 Lafayette
19. (a) MAR 26 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1943 hour 6 minute 10 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.

	Duration
Immediate cause of death	
Due to	
Due to	
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)
(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
23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 2-9-43

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