

FILED JAN 25 1945 318

State File No.

437

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
years, months or days

3. (a) PRINT FULL NAME Richard Carl Eaves

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased January 11, 1945
(Month) (Day) (Year)

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

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

10. Usual occupation newborn

11. Industry or business.....

12. Name Herbert J. Eaves

13. Birthplace Killbuck mo
(City, town, or county) (State or foreign country)

14. Maiden name Emilie Schmitt

15. Birthplace Cereville mo
(City, town, or county) (State or foreign country)

16. (a) Informant L. Westlandt R. H.

(b) Address Lutheran Hospital

17. (a) BURIAL (b) Date thereof Jan 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Privy - Mo.

18. (a) Signature of funeral director Heilfay Funeral Home

(b) Address Kimmick

19. (a) 1945 (b) J. F. Bredich
(Date of issue) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Saturday 13th
year 1945 hour 7:0 minute 35

21. I hereby certify that I attended the deceased from 1-11, 1945, to 1-13, 1945
that I last saw him alive on Saturday 1-13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Large patent ductus
atrial septum w/ large foramen
Patent ductus foramen
male sign of disease
Due to..... Embryonic time

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... as above

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.....

23. Signature J. F. Bredich (M. D. or other)
Address 1002 Black Rdg. Date signed 1/13/45

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

179

50
0
NR

287

287

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.....

Not Embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arthur W. Sulistoy

Licensed Embalmer No.....

3872

P. O. Address.....

Hammond, 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.