No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1945

State File No. 27681

Registration District No. 158 Primary Registration District No. 5590 Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural — Big River Tw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 11 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 86

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

(d) Street No. 2427 Walton Rd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME James William Eoff

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

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Oct. (Month) 15 (Day) 1933 (Year)

8. AGE: Years 11 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business ✓

FATHER
12. Name Roy James Eoff
13. Birthplace Grubville Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Irene Mary Ernst.
15. Birthplace Perryville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Eoff
(b) Address Route #1 Grubville Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) Aug. 16-45 (Date received local registrar) (b) A. H. Eaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1945 hour 2 minute 30 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 Accidental Drowning

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

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) Accident

(b) Date of occurrence Aug 11 - 1945

(c) Where did injury occur? near Grubville (City or town) Jefferson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Miller Ford on Big River 3 Mi. S.E. Grubville (Specify type of place)

While at work? no (e) Means of injury

23. Signature Albert C. Valle Acting Coroner (M.D. or other)

Address Morse Mill Mo Date signed 8/12

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1945

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. E. Motherhead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.