

FILED SEP 21 1945
Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

8032

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution.
In this community years, month or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 2377
(d) Street No. 2123 Grand Ave. 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Gary Eaton

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

4. Sex Male 5. Color 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 July 2, 1944 (Month) (Day) (Year)

8. AGE: Years Months Days 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

12. Name Daniel P. Eaton

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

14. Maiden name Virginia Schmitt

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

16. (a) Informant Virginia Eaton

(b) Address 2123 Grand Ave.

17. (a) Burial (b) Date thereof Sept. 15, 1945 (Day) (Year)

(c) Place: burial or cremation St. Mother's Beach

18. (a) Signature of funeral director J. J. Quinn

(b) Address 2123 Grand Ave.

19. (a) SEP 14 1945 (Date received local registrar) (b) J. J. Quinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th year 1945 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1st, 1945 to Sept. 14th, 1945

that I last saw him alive on Sept. 14th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis, Cirrhosis of unknown etiology

Due to

Due to

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

Major findings: Of operations

Of autopsy

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 Alden Yeager (M. D. or other)

Address 1515 Lafayette Date Signed 9/14/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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17
9

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. *John Ketter*

P. O. Address. *3880*

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.