

FILED OCT 6 1945
318

Registration District No.

Primary Registration District No.

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: St. Anthony's Hospital
(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 25000
(c) City or town St. Louis Lenox Hotel
(If outside city or town limits, write "RURAL")
(d) Street No. Ninth & Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1945 hour 7 minute 05 A.M.
21. I hereby certify that I attended the deceased from Aug 21
1945 to Sept 28 1945
that I last saw her alive on Sept 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Sudden
Due to arterial Sclerosis Hypertension
Due to nephritis chr Calculus R Ureter

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

Major findings:
Of operations: _____
Of autopsy: _____
Duration about 3 weeks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Leila Eddy

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert S. Eddy 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 18, 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Dont Know Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Fergus Hathorn

13. Birthplace Dont Know Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Betty Nealy

15. Birthplace Dont Know Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. R.S. Eddy Jr.

(b) Address Lenox Hotel

17. (a) Removal (b) Date thereof 9-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Orleans, La.

18. (a) Signature of funeral director Arthur Honnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 20 1945 (b) J. F. Brunck
(Date received local registration) (Registrar's signature)

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) _____
(e) Means of injury _____
23. Signature Robert Warner (M. D. or other) _____
Address 131 Date signed SEP 28 1945

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Kindell

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.