

No. 2
-2-43
5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11079

FILED APR 5 1948
318

State File No. 3009
Registrar's No.

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: 3307a Sidney St.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3307 Sidney St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALKER-EATHERTON

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 3 day 29 year 46 hour 2 minute 06 M

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married

21. I hereby certify that I attended the deceased from 3-13-46 to 3-29-46 that I last saw him alive on 3-18-46 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 37 years

Immediate cause of death: Pneumonia
Heart Disease
Duration: unknown

7. Birth date of deceased February 26, 1907 (Month) (Day) (Year)

8. AGE: Years 39 Months 1 Day 3 hr. min.

Due to: Complete Decomposition

9. Birthplace Monarch Missouri (City, town, or county) (State or foreign country)

Due to: 95

10. Usual occupation Lathe operator

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name James Eatherton

Of autopsy: none

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

PHYSICIAN Underline the cause to which death should be charged statistically.

14. Maiden name Rose Johnson

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

16. (a) Informant Mrs. Lillian Eatherton

(b) Address 3307 Sidney St.

17. (a) Burial (b) Date thereof April 1, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Monarch, Missouri

18. (a) Signature of funeral director W.M. Schumaner (b) Address 3013 Meramec St.

19. (a) MAR 30 1948 (Date received local registrar) (b) J. F. Bredeck (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?

23. Signature: Leonard M. Miller (M. D. or other) While at work? (Specify type of place) (c) Means of injury

Address: C. Miller Date signed 3-29-46

9991 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.....*Francis Williamson*.....

Licensed Embalmer No.....*3565*.....

P. O. Address.....*St. Louis, 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.