S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15025

FILED MAY 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4444

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

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St.Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 20 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4031 S.Spring Ave.
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE EASTTY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary M.

6. (c) Age of husband or wife if alive 61 yrs. years

7. Birth date of deceased December (Month) 23d (Day) 1869 (Year)

8. AGE: Years 77 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Casken Maine (City, town, or county) (State or foreign country)

10. Usual occupation Retired Vice President

11. Industry or business Brotherhood Of R-Way Steamship

FATHER
12. Name ? Eastty
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Gildersleeve
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mary M Eastty
(b) Address 4031 So Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Dodgeon Ave

19. (a) MAY 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1st year 1947 hour 12:50 minute A M.

21. I hereby certify that I attended the deceased from 4/10/47, 19, to May 1st, 1947 that I last saw him alive on May 1st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 (c) Means of injury

23. Signature Frank P. Ratt (M. D. or other)

Address 1515 Lafayette Date signed 5/1/47.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert T. Gibbon

Licensed Embalmer No. 4144

P. O. Address 2630 Grove

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.