

FILED MAY 9 1947 **318**

Registrar's No. **4286**

Registration District No. _____ Primary Registration District No. **1003**

I. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3153² KEOKUK ST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YEARS
(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 limit, write "RURAL")
(d) Street No. 3135² KEOKUK ST 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 24th
year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 1947, to APRIL 24, 1947;
that I last saw him alive on APRIL 24, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to Hypertension

Due to _____
Other conditions: CHIN
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Ben N Klein (M. D. or other) MD
Address 7637 A Kings Highway Date signed 4-25-47

3. (a) PRINT FULL NAME MILD SHERIDAN EATON
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 709-01-1641

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HILDA E 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JAN 26 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace CARBONDALE, ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation FUEL INSPECTOR

11. Industry or business _____

12. Name WILLIAM EATON

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

14. Maiden name LYDIA JONES

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

16. (a) Informant MR Hodge S. EATON

(b) Address CARBONDALE, ILL.

17. (a) REMOVAL (b) Date thereof 4-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARBONDALE, ILL.

18. (a) Signature of funeral director ROWLAND MORTUAR

(b) Address 4355 WASHINGTON AV

19. (a) APR 26 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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

in folder

9827

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 Ronald Yahrke

Licensed Embalmer No. 3917

P. O. Address 4355 Washington

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, above space should be left blank.