S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22189

FILED JUN 23 1947 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5733

1. 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: 5015a Vernon Ave.
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5015a Vernon Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? 12 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clarence R. Eaves

3. (b) If veteran, name war No

3. (c) Social Security No. 401-07-8822

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Artie Eaves

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

7. Birth date of deceased December (Month) 23 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	5	16	hr. min.

9. Birthplace Dongola (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Assistant Foreman

11. Industry or business Stove Co.

FATHER
12. Name Andrew Eaves
13. Birthplace Union Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ara Null
15. Birthplace Union Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Herbert Eaves
(b) Address 3730 Hebert St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cobden, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 10 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day June
year 1947 hour 6:10 minute A M.

21. I hereby certify that I attended the deceased from Nov 46, 19, to Jun 9 1947
that I last saw him alive on June 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung — Duration 4 mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy

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? (e) Means of injury

23. Signature E. W. McShane M.D. (M.D. or other)
Address 6125 Bartmer St. Louis 60 Date signed 6/10/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) E.W.McShane

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address _____

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.