

No. 2  
2-45  
7-39  
X47070

FILED JAN 22 1948

1003

Registration District No. 318

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME RALPH HERBERT EADS

3. (b) If veteran, name war NONE 3. (c) Social Security No. ....

4. Sex MO 5. Color of race W 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased JAN. 29 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 11 12 hr. .... min.

9. Birthplace LEBANON Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business WAGNER ELEC. CORP.

12. Name FRANK EADS

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

14. Maiden name MABEL STREET

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

16. (a) Informant LORETTA S. FEINER

(b) Address CREVE COEUR, MO.

17. (a) Burial (b) Date thereof 1-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director [Signature]  
(b) Address 2504 Woodway - Overland Mo

19. (a) JAN 12 1948 (Date received local registrar) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96  
(c) City or town CREVE COEUR 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. LACKLAND + SCHUETZ RDS. 0  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No) /  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1948 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 5 1948 to Jan 10 1948  
that I last saw him alive on Jan 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration

Due to Chronic rheumatic endocarditis

Due to 92

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

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 0

23. Signature Anza Lewis Fox (M. D. or other) 0  
Address Barnes Hospital Date signed 1/10/48

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

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

1955

**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 3454

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7

**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.**