FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24255

Registration District No. 315 Primary Registration District No. 1005 Registrar's No. 6465

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: Enroute City Hospital 3 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4005 So. Broadway (If rural, give location) 9 0

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

If yes, name country

3. (a) PRINT FULL NAME Earle Holmes Eldridge

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 7

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased About (Month) 1890 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58?	?	?	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Confectionery

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Gibson

(b) Address 2648a Osage Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 21 1948 (Date received local registrar) (b) J. F. Brockert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 8:20 minute A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot wound of the skull causing brain laceration, self inflicted, when he was found sitting in chair in back room at 4005 So. Broadway, on July 17, 1948, around 8:20 A.M. SUICIDE

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) SUICIDE

(b) Date of occurrence 7-19-1948

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Patrick E. Taylor (M.D. or other)

Address Dep. Coroner Date signed 7/20/48

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.....

Licensed Embalmer No.....2971.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.