

FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27665
Registrar's No. 7059

Registration District No. 318

Primary Registration District No. 1003

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: Firmin Desloge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community cc -
years, months or days)

3. (a) PRINT FULL NAME Yvonne Paul Eaton
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8-6-48
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation me

11. Industry or business

12. Name Arnold Julian Eaton
13. Birthplace Ellington Mo
(City, town, or county) (State or foreign country)
14. Maiden name Beulah Audene Sance
15. Birthplace Ellington Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Eaton
(b) Address 1508 N. 11th St.

17. (a) Burial (b) Date thereof 8-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington Mo

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4109 Manchester Ave.

19. (a) AUG 11 1948 (b) J. B. Budek
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 1508 No 11th St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 8 day 10
year 48 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from 8-6, 1948, to 8-10, 1948
that I last saw her alive on 8-10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Atelectasis of left lung
Due to

Due to 161

Other conditions jaundice due to hepatitis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to 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) (e) Means of injury

23. Signature Thomson Mier (M. D. or other)
Address 1508 N. 11th St. Date signed 8-10-48

7059

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 O. Yoshike

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.