

No. 300  
-10-47  
-17-39  
PI 3906

FEDERAL BUREAU OF INVESTIGATION  
STANDARD CERTIFICATE OF DEATH

28416  
State File No. 2069  
Registrar's No.

FILED SEP 7 1948  
Registration District No. 387

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Mary's Hosp.  
(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)

3. (a) PRINT FULL NAME William A. Eager

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 1 1947  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Frank A. Eager

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

14. Maiden name Eleanor Keffler

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

16. (a) Informant Eleanor Eager

(b) Address 3525 Chippewa St.

17. (a) Burial (b) Date thereof 9/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem

18. (a) Signature of funeral director John H. Gibson  
(b) Address 2630 Gravois Ave

19. (a) 9-2-48 (b) Carol J. Gaffney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3525 Chippewa  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1948 hour 1:45 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 1 1947 to Aug 31 1948  
that I last saw him alive on Aug 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia  
Due to congenital heart disease  
Due to \_\_\_\_\_  
Other conditions 157-2  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Autopsy of fallot  
PHYSICIAN \_\_\_\_\_  
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) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature John H. Gibson (M. D. or other) \_\_\_\_\_  
Address 634 N. Grand Date signed 9-1-48

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**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.....

*Robert T. Gibben*

Licensed Embalmer No. *4144*

P. O. Address *2630 Graven*

**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.**