

FILED APR 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13499

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>6051</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt # 2 3</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1949</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 40 West of St Charles</u>				d. STREET ADDRESS (If rural, give location) <u>4755 Hammett</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Felix</u> b. (Middle) <u>Clyde</u> c. (Last) <u>Eaves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1949</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)		8. DATE OF BIRTH <u>April 3 1913</u>		9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Packing House</u>		11. BIRTHPLACE (State or foreign country) <u>Hillsboro Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Felix Eaves</u>			13b. MOTHER'S MAIDEN NAME <u>Kathlyne Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Glaysds Hackel Eaves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-01-9875</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Glaysds Eaves 4755 Hammett St Louis Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Hemorrhage-caused from skull fracture due to an automobile accident.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>68194</u> <u>31'</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway-40</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles St. Charles Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 17, 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile accident-one car</u>				
22. I hereby certify that I attended the deceased from <u>4/18/49</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Marie M. ...</u>				23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>H-18-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>			
DATE REC'D BY LOCAL REG. <u>4-21-49</u>		REGISTRAR'S SIGNATURE <u>Ramie Hammett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hackmann - Bone</u>		ADDRESS <u>St Charles Mo</u>		

MAR 11 1950

Date Filed \_\_\_\_\_  
District File Number APR 28 1949

District Health Officer No. 9,  
RECEIVED

MAY 20 1949

MAY 12 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Charles J. Macke*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4530

P. O. Address St. Charles, Mo

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.