

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42429**

FILED DEC 27 1949

74 834-49

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10760**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY, 99		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis in		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge 2		d. STREET ADDRESS (If rural, give location) N.R. 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Patsy b. (Middle) Jean c. (Last) Eaton			4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 49		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH 11-24-49		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 19 Days 19 Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Sherman A. Eaton		13b. MOTHER'S MAIDEN NAME Norma Long		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sherman A. Eaton, Desloge, Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralytic ileus DUE TO (c) Polycystic Kidney, Right				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Polycystic Kidney, Right				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 139 W			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7:51/11			
22. I hereby certify that I attended the deceased from 11-25 , 1949, to 12-14 , 1949, that I last saw the deceased alive on 12-14-49 , 19___, and that death occurred at 3:40A m. , from the causes and on the date stated above.					
23a. SIGNATURE W. G. Klingberg MD			23b. ADDRESS Childrens Hospital		23c. DATE SIGNED 12-14-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-14-49	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Desloge, Missouri.	
DATE REC'D BY LOCAL REG. DEC 14 1949	REGISTRAR'S SIGNATURE J. B. Sauter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington			

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

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.

Student
Student Embalmer

Signed Elton W. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.