

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... 21948  
Registrar's No. .... 5332

|   |  |   |  |  |   |  |  |  |  |  |  |  |
|---|--|---|--|--|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. .... <b>5332</b>   |  |  |  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |   |  |  |  |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place) <b>2 weeks</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                                      |   | <b>2159</b>  |  |  |  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>   |  |   |  | d. STREET ADDRESS (If rural, give location) <b>4221 Ellenwood Ave.</b>   |   |  |  |  |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Ernest</b>   |  |   | b. (Middle) <b>A.</b>                            |  | c. (Last) <b>Eaton</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 9 1952</b> |  |  |  |  |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |   | 8. DATE OF BIRTH <b>July 28, 1896</b>  |  | 9. AGE (In years last birthday) <b>55</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins. |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser Busch Inc.</b>   |   | 11. BIRTHPLACE (State or foreign country) <b>DeSoto, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |  |  |  |
| 13a. FATHER'S NAME <b>John Hayes Eaton</b>  |  |   | 13b. MOTHER'S MAIDEN NAME <b>Gertrude Salmon</b> |  |   | 14. NAME OF HUSBAND OR WIFE <b>Lena Eaton</b>  |  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>   |  |   | 16. SOCIAL SECURITY NO. _____                    |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lena Eaton, 4221 Ellenwood Ave.</b> |  |  |  |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>                                  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b><br>ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS : <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>8 wks.</b>   |  |  |  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |   |  |  | 20. AUTOPSY? YES <input 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) _____  |   | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____   |  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>4200</b> |  |
| 22. I hereby certify that I attended the deceased from <b>3/1</b> , 19 <b>52</b> to <b>6/9</b> , 19 <b>52</b> that I last saw the deceased alive on <b>6/9</b> , 19 <b>52</b> and that death occurred at <b>3:15P</b> m., from the causes and on the date stated above. |  |   |  |  |   |  |  |  |  |  |  |  |
| 23a. SIGNATURE <b>Harold Franklin</b> (Degree or title) <b>MD</b>   |  |   |  | 23b. ADDRESS <b>4602 Brown</b>   |   |  |  | 23c. DATE SIGNED <b>6/10/52</b>  |  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 24b. DATE <b>June 12, 1952</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>   |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>   |  |  |  |  |  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 10 1952</b>  |  | REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>  |  |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 6264 Chippewa St., St. Louis, Mo.</b> |  |  |  |  |  |  |

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

Dr. H. A. Franklin  
4602 Gravois Ave.  
PL 4600

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Harry J. Schenck*

Licensed Embalmer No. *2639*

P. O. Address *7874 Broadway*

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.