S. No. 300
v. 10.48

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25739

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO 1003 Registrar's No. 5113

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, MMo. 0
c. LENGTH OF STAY (In this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St Louis 4495
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights 18 1
d. STREET ADDRESS (If rural, give location) 1231 Bellevue Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Edward
c. (Last) Eatherton

4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10/2/06
9. AGE (In years last birthday) 45 — If under 1 year: Months 8 Days 1 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Manager
10b. KIND OF BUSINESS OR INDUSTRY Refrigeration
11. BIRTHPLACE (City and State or Foreign Country) Saint Louis 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Eatherton
13b. MOTHER'S MAIDEN NAME Harriet Harris
14. NAME OF HUSBAND OR WIFE Marcella Schrautmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs George Eatherton 1231 Bellevue

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL FEMORAL ARTERY EMBOLI

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 416X

22. *I hereby certify that I attended the deceased from* 6-3, 1952, *to* 6-3, 1952, *that I last saw the deceased alive on* 6-3, 1952, *and that death occurred at* 6:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. Bradley
(Degree or title) M.D. 0
23b. ADDRESS Barnes Hospital
23c. DATE SIGNED 6/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE 6/5/52
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
24d. LOCATION (City, town, or county) Saint Louis (State) Mo.

DATE REC'D BY LOCAL REG. JUN 4 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc. 6633 Clayton
MKS
(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillers

Licensed Embalmer No. 14080

P. O. Address.....

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.