

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29401

SEP 3- 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7814

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY 2469	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 1 Week		d. STREET ADDRESS (If rural, give location) 6 5158 St. Louis Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) DAISY		b. (Middle) - c. (Last) EASTERWOOD	
4. DATE OF DEATH (Month) (Day) (Year) AUGUST 15, 1952			
5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 7		8. DATE OF BIRTH Jan. 26, 1886	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Inspector Rice-Stix D.G.	
11. BIRTHPLACE (City and State, or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Bessie Wallace	
14. NAME OF HUSBAND OR WIFE Milton Easterwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Milton Easterwood		ADDRESS 5158 St. Louis, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TUMOR ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage into Lung - 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)			
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 223X			
22. I hereby certify that I attended the deceased from 8-8-52, 19, to 8-15-52, 19, that I last saw the deceased alive on 8-15-52, 19, and that death occurred at 7:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Bessie Wallace MD		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 8-16-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Aug. 18, 1952	
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 18 1952		REGISTRAR'S SIGNATURE Arthur J. Donnelly	
25. FUNERAL DIRECTOR'S SIGNATURE 3840 Rendell		ADDRESS 3840 Rendell	

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

1110
8-19-52
10 a.m.

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 _____

W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

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.