

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33172

FILED SEP 24 1955

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State File No. 8149

Registrar's No. 8149

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 8149		Registrar's No. 8149			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>2239</i>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i>				e. STREET ADDRESS <i>23 2421 Victor St.</i>							
3. NAME OF DECEASED (Type or Print) <i>AURELIUS FRANK EUBANK</i>			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>AUGUST 20, 1953</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>Mar 25, 1880</i>		9. AGE (In years last birthday) <i>73</i>		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Lynchburg, Va.</i>			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)			16. SOCIAL SECURITY NO. <i>494-07-1705A</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Wm. Edgar Eddington 482 W. Kansas</i>						
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>mesenteric thrombosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Hypertensive Cardiovascular Disease</i> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH		
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) <i>443 X</i>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <i>8-18-53</i> , to <i>8-20-53</i> ; <i>19</i> th , that I last saw the deceased alive on <i>8-20-53</i> , <i>19</i> th , and that death occurred at <i>11:15 P.m.</i> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>Richard J. James M.D.</i>				23b. ADDRESS <i>1515 Lafayette Avenue</i>				23c. DATE SIGNED <i>8-21-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Aug 24, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Mathew's</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>AUG 22 1955</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. J. ... 1389 Union Blvd.</i>						

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

copy from primary

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3917.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.