

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41580**

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **3083**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES		c. LENGTH OF STAY (In this place) 4 1/2 YRS.	c. CITY OR TOWN WEBSTER GROVES ^{4-58/7}
d. FULL NAME OF HOSPITAL OR INSTITUTION 78 MARSHALL PL.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) RALPH c. (Last) EDDIE SR.		4. DATE OF DEATH (Month) (Day) (Year) NOV 29, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 19, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIRECTOR - STS. & SEWERS		10b. KIND OF BUSINESS OR INDUSTRY CITY OF WEBSTER GROVES	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and State or Foreign Country) SAPPINGTON MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY EDDIE		13b. MOTHER'S MAIDEN NAME OPHELIA PIPKIN	
14. NAME OF HUSBAND OR WIFE PEARL MAY DARRAH EDDIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Pearl D. Eddie 78 Marshall Pl.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rt Lung			INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) Atherosclerotic cardio			Chr.
DUE TO (c) vascular disease			
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 163X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 July , 1951, to Nov 29 , 1953, that I last saw the deceased alive on Nov 29 , 1953, and that death occurred at 7:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) P. D. Osabaugh, M.D.		23b. ADDRESS Webster Groves Mo	
23c. DATE SIGNED Nov. 30 '53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 1, 1953	
24c. NAME OF CEMETERY OR CREMATORY ST. LUCAS CEMETERY		24d. LOCATION (City, town, or county) (State) SAPPINGTON, Mo.	
DATE REC'D BY LOCAL REG 11-30-53		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME		73 W. LOCKWOOD AVE WEBSTER GROVES MO.	

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.....
Signature of Student Embalmer

Signed..... *Paul G. Wachtel*

Licensed Embalmer No. *4787*

P. O. Address... *St. Louis*

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.