

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13381

State File No.

FILED MAY 12 1954

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3883**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute St. Johns Hospital 3		e. STREET ADDRESS (If rural, give location) 6946 Mardel	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Ralph		b. (Middle)	
c. (Last) Eaves		April 29, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1892
9. AGE (in years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver	11. BIRTHPLACE (City and State or Foreign Country) Dent Co., Mo.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Dill Eaves		13b. MOTHER'S MAIDEN NAME Adeline Taylor	
14. NAME OF HUSBAND OR WIFE Jessie		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.		17. INFORMANT'S SIGNATURE OR NAME Jessie Eaves, 6946 Mardel	
17. ADDRESS		18. CAUSE OF DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		DUE TO (b) Ruptured Aortic Aneurysm	
		DUE TO (c)	
		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	
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?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Patrick C. Taylor Caravel (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 4.29.54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-30-54		24c. NAME OF CEMETERY OR CREMATORY Rock Springs	
24d. LOCATION (City, town, or county) (State) Salem, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. APR 29 1954		REGISTRAR'S SIGNATURE J. Earl Smith Md	
25. ADDRESS 4700 Washington Blvd.		25. ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1956
FEB 17 1956

AUG 23 1955

MAR 7 1956

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.....
Etton R. Remelius

Licensed Embalmer No. 428

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.