

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31764

FILED SEP 21 1954

State File No. 8202
Registrar's No.

REG. DIST. NO. 218

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 1003		State File No. 8202		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Illinois b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN St. Marion		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 ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 1502 N. Garfield. 8129						
3. NAME OF DECEASED (Type or Print) a. (First) FRED			b. (Middle) _____			c. (Last) EUBANKS			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 3, 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED divorced		8. DATE OF BIRTH 4-6-1895		9. AGE (In years (to birthday)) 59		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and State or Foreign Country) Williamson County, Ill.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Eubanks			13b. MOTHER'S MAIDEN NAME Bessie Holland			14. NAME OF HUSBAND OR WIFE unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW71		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marilyn Rains, Marion, Ill.						
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) Carcinoma of Rt. Kidney 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.						INTERVAL BETWEEN ONSET AND DEATH 1 year		
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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180x						
22. I hereby certify that I attended the deceased from 6-4-54, 19____, to 9-3-54, 19____, that I last saw the deceased alive on 9-3-54, 19____, and that death occurred at 12:45A m., from the causes and on the date stated above.										
23a. SIGNATURE Robert J. Holland (Name or title)				23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 9-3-54			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 9-5-54		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Marion, Ill.				
DATE REC'D BY LOCAL REG. SEP 7 1954		REGISTRAR'S SIGNATURE Carl Smith mo			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilson, Marion, Ill.					

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

REC-30
JUN 28 1951

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..... *J. Allen Davis*

Licensed Embalmer No. *405*

P. O. Address..... *H. P.*

**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.**