

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 1 - 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9537

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.

c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis,

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

STREET ADDRESS (If rural, give location) 12 5111 Waterman Ave. 2129

3. NAME OF DECEASED
a. (First) Homer b. (Middle) E. c. (Last) Eldridge

4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Apr. 9, 1917

9. AGE (in years last birthday) 37
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY Insurance

11. BIRTHPLACE (City and State or Foreign Country) Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME V. O. Eldridge

13b. MOTHER'S MAIDEN NAME ~~Pdx Ladd~~ Iva Ladd

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes W. W. 2

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nola Diggs, Leachville, Arkansas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean mode of dying, such as fallure, ashenia, means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES
DUE TO (b) Malignant Hypertension
DUE TO (c) Chronic Glomerulonephritis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
14 days
14 days
Yrs.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 592X

22. I hereby certify that I attended the deceased from Oct. 7, 1954, to Oct. 19, 1954, that I last saw the deceased alive on Oct. 19, 1954, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE C. J. Vermillion, M.D. (Degree or title) M. D.

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED 10/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-19-54

24c. NAME OF CEMETERY OR CREMATORY Local

24d. LOCATION (City, town, or county) (State) Paragould, Arkansas

DATE REC'D BY LOCAL REG. OCT 20 1954

REGISTRAR'S SIGNATURE Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 20 1958

DEC 20 1957

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 *Elton H. Penick*

Licensed Embalmer No. 42

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.