

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13283**
3329

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN ST LOUIS		c. CITY OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3400^e WALNUT ST		d. STREET ADDRESS (If rural, give location) 18 3400^e WALNUT ST	

3. NAME OF DECEASED (Type or Print) JOHN EDDINGTON			4. DATE OF DEATH APR 12-55		
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-22-1886		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN EDDINGTON		13b. MOTHER'S MAIDEN NAME ALMETA ?		14. NAME OF HUSBAND OR WIFE DRUCILLA EDDINGTON	
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 ADDRESS Drucilla Eddington 3400 Walnut	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) _____			1 hr
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **3/10**, 19**55**, to **4/12**, 19**55**, that I last saw the deceased alive on **4/12**, 19**55**, and that death occurred at **2:30A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) newy did		23b. ADDRESS 11 N. Jefferson Av.		23c. DATE SIGNED 4-13-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-16-54		24c. NAME OF CEMETERY OR CREMATORY Holiday Boro	
				24d. LOCATION (City, town, or county) (State) Ill.	

DATE REC'D BY LOCAL REG. APR 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. L. Walton 2709 Starbuck	
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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
Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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 this body is not embalmed, fact should be so stated above.