

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 22475
STATE FILE NUMBER
6004

FILED JUL 11 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 6004

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|---------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23 St. John's Hospital | | Length of stay in lb 2/27 | d. STREET ADDRESS (If outside, give location) 4954 West Pine |
| 3. NAME OF DECEASED (Type or print) First Middle Last ERNEST KINCAID EASTHAM | | | 4. DATE OF DEATH Month Day Year June 26th, 1957 |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 24, 1880 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Director of Pub. Service Co. | | 9b. KIND OF BUSINESS OR INDUSTRY Pub. Service Co. | 9c. AGE (In years last birthday) 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Director of Pub. Service Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Pub. Service Co. | 10c. BIRTHPLACE (City and state or country) Catlettsburg, Kentucky |
| 11. BIRTHPLACE (City and state or country) Catlettsburg, Kentucky | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME David Davis Eastham | | 14. MOTHER'S MAIDEN NAME Emma Kincaid | |
| 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. 497-10-4246 | 17. INFORMANT Mrs. Kate W. Eastham |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infarction of myocardium</i> DUE TO (b) <i>Arteriosclerotic Coronary Thrombosis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Bronchopneumonia</i> | | INTERVAL BETWEEN ONSET AND DEATH 3 days unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 4201 | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 24, 1957 to June 26, 1957 and last saw him alive on June 26, 1957. Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Walter A. Froette M.D.</i> | | 22b. ADDRESS <i>8 So. Kensington</i> | 22c. DATE SIGNED 6/26/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 6/28/57 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR C. R. Lupton & Sons | | 25. DATE RECD. BY LOCAL REG. JUN 27 '57 | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> |

(Licensed Embalmer's Statement on Reverse Side)

After 1:30 to 5:00 P.M. Wed.

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 *Clarence H. Murr*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.