

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157-02305
STATE FILE NUMBER 541
1491

FILED JUL 1 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1491

1. PLACE OF DEATH a. COUNTY <u>St Louis Co</u> Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <table style="width:100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;">a. STATE <u>Mo.</u></td> <td style="width: 50%; padding: 2px;">b. COUNTY <u>St Louis</u></td> </tr> </table>				a. STATE <u>Mo.</u>	b. COUNTY <u>St Louis</u>
a. STATE <u>Mo.</u>	b. COUNTY <u>St Louis</u>								
b. CITY (If outside appropriate limits, give TOWNSHIP only) OR TOWN <u>St Louis Co Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>1514 Rosemary</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hosp</u>			Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>Columbia</u>			(If outside, give location) <u>1514 Rosemary</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Robert P Eynatten</u>				First Middle Last		4. DATE OF DEATH <u>June 9 1957</u>		Month Day Year	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 10, 1909</u>		9. AGE (In years last birthday) <u>47</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE MGR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DELTA T.V. Co</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>FRED H. EYNATTEN</u>				14. MOTHER'S MAIDEN NAME <u>STELLA CIABBY</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>494-05-8243</u>		17. INFORMANT <u>HELEN EYNATTEN</u>			Address <u>4804 WEBER RD.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Gastrointestinal Hemorrhage</u>								(b) <u>Esophageal Cancer</u> (c) <u>Ascites of liver</u> <u>Asu</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) <u>Ascites of liver</u> DUE TO (c) <u>Asu</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)								19. WAS AUTOPSY PERFORMED? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <u>6-9-57</u> to <u>6-9-57</u> and last saw her alive on <u>6-9-57</u>									
Death occurred at <u>11:55</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>John L. Nagalon, M.D.</u>				22b. ADDRESS <u>6015 Brentwood, Clayton Mo.</u>			22c. DATE SIGNED <u>6/10/57</u>		
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-12-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
24. FUNERAL DIRECTOR <u>J. A. Ziegenbein & Sons.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6-12-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donohed</u>	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Donald E Benz*

Licensed Embalmer No. *4*

P. O. Address *7027 Su*

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.