

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26064

STATE FILE NUMBER

FILED JUL 31 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6753**

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in lb 216 STREET ADDRESS 3201a Potomac St. (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ferran Middle K. Last Eales, Sr.		4. DATE OF DEATH Month July Day 18 Year 1957	
5. SEX Male	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 Sept. 21, 1894
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Office Employee		10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.	11. BIRTHPLACE (City and state or country) Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Parker Eales	
14. MOTHER'S MAIDEN NAME Sarah Garner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Florence L. Eales - 3201a Potomac	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C/c: Myocardial Infarction. Coronary Artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriosclerosis Myocarditis. DUE TO (b) Arteriosclerosis Myocarditis. DUE TO (c) Arteriosclerosis Myocarditis.			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420-1			19. WAS AUTOPSY PERFORMED? YES <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 7:30 Month July Day 18 Year 1957 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 May 1954 to July 18 1957 and last saw him alive on July 18 1957 Death occurred at 7:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 8203 Chippewa	22c. DATE SIGNED 7/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 20, 1957	23c. NAME OF CEMETERY OR CREMATORY College Hills Cemetery	23d. LOCATION (City, town, or county) (State) Labanon, Illinois
24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE - 3634 Gravois Ave.		25. DATE RECD. BY LOCAL REG. JUL 19 1957	26. REGISTRAR'S SIGNATURE [Signature]

8001

818

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.....
Frank J. [Signature]

Licensed Embalmer No. 26

P. O. Address.....
[Signature]

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.