

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38709  
State File No. 2653

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2653</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY, (If outside corporate limits, write RURAL and give township) <u>Pond</u>		c. LENGTH OF STAY (in this place) <u>4 Yrs.</u>		c. CITY OR TOWN <u>Pond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Ave</u>				e. STREET ADDRESS (If rural, give location) <u>Maple Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) <u>LUTHER</u> c. (Last) <u>Eatherton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>oct 26 1957</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 17, 1882</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shipping Dept-Ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Amam Electric</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Eatherton</u>			13b. MOTHER'S MAIDEN NAME <u>Hanna Ludwig</u>		14. NAME OF HUSBAND OR WIFE <u>Selena Eatherton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-05-9364</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martin Eatherton Glencoe Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIO-SCLEROTIC HEART DISEASE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) <u>420 DA</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1) PULMONARY TUBERCULOSIS - INACTIVE</u> <u>2) PARKINSON'S DISEASE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>  <u>Years</u>  <u>10 years</u> <u>Years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>4-23</u> , 19 <u>56</u> , to <u>10-26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>10-24</u> , 19 <u>57</u> , and that death occurred at <u>7:50 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Pauline M. Q. O.</u>				23b. ADDRESS <u>Ballwin Mo.</u>		23c. DATE SIGNED <u>10-26-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-28-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Antioch Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-26-57</u>		REGISTRAR'S SIGNATURE <u>Hebeal R. Tomkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home Ballwin, Mo.</u>			

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.....  
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md*

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.