

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035076
STATE FILE NUMBER

70631-58 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2471

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic			Length of stay in lb 2 DAYS	.d. STREET ADDRESS (If outside, give location) 9304 Velma		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Paula Middle Marie Last Eaton				4. DATE OF DEATH Month 9 Day 23 Year 58			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 21, 1958		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 2 Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Normandy Missouri		12. CITIZEN OF WHAT COUNTRY? America		
13a. FATHER'S NAME Paul David Eaton			13b. MOTHER'S MAIDEN NAME Ethel Joan Warden		14. NAME OF HUSBAND OR WIFE NONE		
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. NONE	17. INFORMANT Ethel Eaton (mother)		Address 9304 Velma		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrally Induced Premature Death (Congestion of Both Lungs) - 2.						INTERVAL BETWEEN ONSET AND DEATH (1 day)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7635						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 Month, Day, Year a.m. p.m. 							
20d. INJURY OCCURRED WHILE AT <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 9-21-58 to 9-23-58 and last saw her/him alive on 9-23-58 Death occurred at 9-23-58 1 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. C. N. Salmons (Degree or title)				22b. ADDRESS 7320 Louisa St		22c. DATE SIGNED 9/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/25/58	23c. NAME OF CEMETERY OR CREMATORY St. Ann's		23d. LOCATION (City, town, or county) (State) Normandy Mo.		
24. FUNERAL DIRECTOR Callen - Kelly ADDRESS 7267 Nath Bridge			25. DATE RECD. BY LOCAL REG. 9-25-58		26. REGISTRAR'S SIGNATURE Herbert P. Donnell, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 James A. Lammara

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.