

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037756
State File No.

FILED OCT 23 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9858**

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, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 1422 O'Fallon Street	
3. NAME OF DECEASED (Type or Print) a. (First) Eddie		b. (Middle)	c. (Last) Esko
4. DATE OF DEATH (Month) (Day) (Year) 10 10 58		5. SEX Male	
6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 3-12-01	9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Lindell Trust	11. BIRTHPLACE (City and State or Foreign Country) Cannon, Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE nil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Himes Esko ADDRESS 1434 Biddle Street	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbide Monoxide Poisoning		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO suffered in fire at home		DUE TO at 1422 O'Fallon St.
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		about 11:27 pm. October 16		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1958.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., on or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo. (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 10 58 11:27 pm.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Dwyer (Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10/15/58
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10-16-58	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son ADDRESS 2629-31 Cole Street	

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 *H. Claude Gordon*.....

Licensed Embalmer No. *348*.....

P. O. Address *4570 Alh*.....

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.