Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007061
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1381

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Length of stay in 1b 29 days	d. STREET ADDRESS (If outside, give location) 5877 Romaine Place — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First / Middle / Last: EARL AARON EATON	4. DATE OF DEATH Month / Day / Year: February 8, 1959
5. SEX: Male	6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: October 22, 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer	10b. KIND OF BUSINESS OR INDUSTRY: Retired 10 years
11. BIRTHPLACE (City and state or country): Chanute, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Wilbur Eaton	13b. MOTHER'S MAIDEN NAME: Mary Jane Mundy
14. NAME OF HUSBAND OR WIFE: Edna D. Eaton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO.: 490-12-7723
17. INFORMANT: Mrs Edna D. Eaton, Address: 5877 Romaine Place	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma Lungs & metastases — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) —

DUE TO (c) — 163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 10/4/59, to 2/8/59 and last saw her/him alive on 2/8/59

Death occurred at 2:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur E. Strauss, M.D.	22b. ADDRESS: 3720 Washington	22c. DATE SIGNED: 2/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feby 10,1959	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri.		
24. FUNERAL DIRECTOR ADDRESS: Shepard Funeral Home, 1167 Hamilton Ave	25. DATE RECD. BY LOCAL REG.: FEB 9 '59	26. REGISTRAR'S SIGNATURE: Carl Smith. M.D. MDC

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address [illegible]

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.