

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-020870

FILED VS JUN 15 1960
 RECEIVED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **5875** STATE FILE NUMBER

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	Length of stay in 1b 2 Months	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5429 Enright Ave.

3. NAME OF DECEASED (Type or print) First Dower Middle V. Last Eddy			4. DATE OF DEATH Month 6 Day 5 Year 60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-19-91	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realestate Broker		10b. KIND OF BUSINESS OR INDUSTRY Realestate		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John J. Eddy		13b. MOTHER'S MAIDEN NAME Ellen Dower		
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. 496-36-0475A		
17. INFORMANT Dorothy Johnson Metairie Louisanna		17. ADDRESS				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Infarction, Acute			3 days
DUE TO (b) Arteriosclerotic Heart Dis			5 yrs.
DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardio-Vascular Dis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 5:30 a.m. p.m.		Month, Day, Year 5-15-60 to 6-5-60 and last saw her/him alive on 6-5-60		
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 5-15-60 to 6-5-60 and last saw her/him alive on 6-5-60 Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) W. F. Kestney M.D.	22b. ADDRESS 950 Francis Pl	22c. DATE SIGNED 6-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-8-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo.	23e. STATE	23f. REGISTRAR'S SIGNATURE Loan Smith M.D.
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd. Ferg.		24. ADDRESS
25. DATE RECD. BY LOCAL REG. JUN 7 1960		26. REGISTRAR'S SIGNATURE

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohrm

Licensed Embalmer No. 3395
P. O. Address St Louis 35

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.