

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045234

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3496

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST LOUIS COUNTY MO		a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANCHESTER MO		c. CITY OR TOWN MANCHESTER MO	
Length of stay in 1b 1yr 6 mo		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1000 Vauphine La.		d. STREET ADDRESS (If outside, give location) 1000 VAUPHINE LA.	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First EDWIN Middle J Last ELDON		Month II Day 29 Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1904
9. AGE (last birthday) 58		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
		Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY STANDARD AUTO	11. BIRTHPLACE (City and state or country) ST LOUIS MO
		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME JOHN EPSTEIN		13b. MOTHER'S MAIDEN NAME ELIZABETH VOHSEN	
		14. NAME OF HUSBAND OR WIFE MYRTLE ELDON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MYRTEE ELDON 1000 VAUPHINE LA.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral hemorrhage		undeter.	
DUE TO (b) undetermined			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> s.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 Nov. 28 1962 to Nov. 29, 1962 and last saw her/him alive on Nov. 28, 1962			
Death occurred at 12.05a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James E. Meyer MD (Degree or title)		22b. ADDRESS Manchester Mo	
		22c. DATE SIGNED Nov 30, 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE I2-I-62	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
24. FUNERAL DIRECTOR KRIEGSHAUSER ADDRESS 4228 S. KINGSHWY		25. DATE RECD. BY LOCAL REG. 11-30-62	
		26. REGISTRAR'S SIGNATURE John E. Murphy MD	

DR. JAMES MEYER
201 MANCHESTER RD.
IA 7-2544

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 William O. White

Licensed Embalmer No. 4091

P. O. Address 4228 De Kuyper Highway

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.