

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4604
Do not use this space.791
1003

Registered No. 1249

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. 3541 Lafayette Avenue St. 17
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3541 Lafayette Avenue St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2nd, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Eaton

22. I HEREBY CERTIFY, That I attended deceased from January 17th, 1938 to February 2nd, 1938
Last saw him alive on February 1st, 1938. Death is said to have occurred on the date stated above, at 4:35 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th, 1870

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 22

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter (Retired)
9. Industry or business in which work was done, as saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 15 Years

Cerebral Thrombosis (Chronic)
Arterio-Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade, Missouri

Other contributory causes of importance:

13. NAME Dr. John A. Eaton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irondale, Missouri15. MAIDEN NAME Ollie Ramsey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sun Light, Missouri17. INFORMANT (ADDRESS) Mrs Gertrude Eaton
3541 Lafayette Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Mo. DATE February 4, 193819. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.,
429 N. Euclid Avenue20. FILED FEB 3 1938 J. B. Bruders

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) A. H. Daniel, M. D.
(Address) 1400 So Grand Ave

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Benj. C. Duncan* _____

Licensed Embalmer No. *2272*

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.)