

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH12565
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL Registered No. 3169
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Florence Eakin

(a) Residence, No. St. NR Greenville Ill.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oris Eakin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 3 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) March 10, 1938 11. Total time (years) spent in this occupation 22 1/2 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 FATHER 13. NAME Wm Hamilton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Michigan
 MOTHER 15. MAIDEN NAME Laura Mc Donald
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Ill.
 17. INFORMANT Louis Eakin
 (ADDRESS) Greenville Ill.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mc Intosh DATE March 6, 1938
 19. FUNERAL DIRECTOR O. E. Bass
 (ADDRESS) Greenville Ill.
 20. FILED APR 4 1938 J. D. W. D. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 14th, 1938, to April 4th, 1938
 I last saw h. or alive on April 4th, 1938. Death is said to have occurred on the date stated above, at 2:20 AM
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset see year
Uremia 5-7 days
 Other contributory causes of importance: MI
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? ye
 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) B. H. Charles, M. D.
 (Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I, O. E. Bass, Licensed Embalmer No. 2675

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 O. E. Bass

Licensed Embalmer No. 2675

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

125-65

Do not use this space.

1. PLACE OF DEATH *St. Louis*
- (a) County *St. Louis* Registration District No. *791*
- (b) Township Primary Registration District No. *1003*
- (c) City *St. Louis* (d) Street No. St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Florence Eskin*
- (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *W* (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

45 3 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE *Apr. 6 1938*

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED *6-10 1938*

J. F. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 4 1938*

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) *B. H. Charles* , M. D.

(Address) *Barnes Hospital*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

