

REC'D MAY 10 1938

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

13212  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City St. Louis Mo (d) Street No. Embark St Registered No. 3816  
(e) Length of residence in city or town where death occurred 27 yrs. 9 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 794 1/2 North Euclid St. 12  
(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 Male 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 Hattie Eubanks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist  
9. Industry or business in which work was done, as saw mill, bank, etc. Mfgv.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ M. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER 13. NAME William Eubanks  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Missouri

MOTHER 15. MAIDEN NAME Florence Wheatley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Missouri

17. INFORMANT (ADDRESS) Mrs Hattie Eubanks 4727 Page Blvd St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4-25-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mullen Bros 4259 Lindell

20. FILED APR 25 1938 J.F. Budick Local Registrar

NO PHYSICIAN IN ATTENDANCE

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

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

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Aortic Stenosis with Cardiac Hypertrophy.

Other contributory causes of importance:

Chronic Adhesive Pericarditis; Chronic Interstitial Nephritis.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 of injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Alfred Perry  
(Address) Deputy Coroner

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.

**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

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St Louis Mo*

**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 this body is not embalmed, above space should be left blank.**