

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.

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

REC'D MAY 10 1939

12489
Do not use this space.

791
1003

Registered No. 3831

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City..... St. Louis
 (d) Street No..... City Hospital No. 1
 (e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.
 E 257 350 John Joseph Eaton
 2. PRINT FULL NAME
 (a) Residence, No. 8445 Lowell St. 8
 (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 80 8 23

OCCUPATION
 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. TAILOR
 10. Date deceased last worked at this occupation (month and year) MAR 14 1939
 11. Total time (years) spent in this occupation 50 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 7

FATHER
 13. NAME UN KNOWN 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UN KNOWN 9

MOTHER
 15. MAIDEN NAME UN KNOWN 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UN KNOWN 9

17. INFORMANT (ADDRESS) Hosp. Info M. Kent
 City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS CEM. DATE April 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) WILHELM F. HOME 8312 HALLS FERRY

20. FILED APR 25 1939 J. B. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23/39 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/39, 19, to 4/23/39, 19.
 I last saw him alive on 4/23/39, 19. Death is said to have occurred on the date stated above, at 55.
 The principal cause of death and related causes of importance were as follows:
 Acute pulmonary edema non-pneumonic cause unknown
 97
 Other contributory causes of importance: generalized arteriosclerosis

Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

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) Edward J. Weiss, M. D.
 (Address) City Hospital No. 1

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 *Arthur P. Friedrich*

Licensed Embalmer No. *35-56*

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.