

DEPT OCT 14 1939 791  
Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 12 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Enoch Jethro Eaves 120

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fannie Eaves 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased July 15 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 2 12 hr. min.

9. Birthplace Hillsboro, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

12. Name Pleasant C. Eaves

13. Birthplace Dent Co. Missouri  
(City, town, or county) (State & foreign country)

14. Maiden name Polly Ann Latham

15. Birthplace Jefferson Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herbert Caves

(b) Address Route 3, De Soto, Mo.

17. (a) Hillsboro, Mo. (b) Date thereof Sept 29, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro, Mo.

18. (a) Signature of funeral director J. M. Mothershead

(b) Address De Soto, Mo.

19. (a) SEP 29 1939 (b) J. H. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town De Soto, MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.  years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27<sup>th</sup> 1939  
year \_\_\_\_\_ hour 4:40 minute 2 M.

21. I hereby certify that I attended the deceased from 9/14/39  
\_\_\_\_\_, 19\_\_\_\_, to 9/27/39, 19\_\_\_\_;  
that I last saw him alive on 9/26/39  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart Contracture Duration \_\_\_\_\_

Due to perforated ulcer  
perforated ulcer  
Date to thrombotic Colitis  
(Dissecting Aneurysm & ray)  
Other conditions Febrile Reaction  
(Include pregnancy within 3 months of death)  
operated on 9/14 - Recovered PHYSICIAN  
Major findings: Septic peritonitis  
Of operations perforated ulcer of  
Colon operated 3/28/39 Underline  
Of autopsy Emergency op. after perforated the cause to  
which death  
should be  
charged stat-  
eally

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wesley J. Abbott (M. D. or other) \_\_\_\_\_  
Address Metropolitan Bldg Date signed 9/27/39

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**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.

*Not Embalmed*  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**