

No. 2  
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-17-39  
X 27492

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
FILED AUG 27 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

23604  
6049

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
6608 Michigan 2  
(If not in hospital or institution, write apartment number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Joseph G. Eddy, Sr.  
3. (b) If veteran, 444-04-3857 name war No  
3. (c) Social Security No. NONE

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced Mar.  
6. (b) Name of husband or wife Pearl Clarke Eddy 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Mar. 12, 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

11. Industry or business Petroleum supplies

MOTHER FATHER  
12. Name John J. Eddy  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Bauer  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Eddy  
(b) Address 5523 Pershing

17. (a) Burial (b) Date thereof 9-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Damage Bldg  
(b) Address 6322 S Grand

19. (a) JUL 19 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limit, write "RURAL")  
(d) Street No. 5523 Pershing  
(If rural, give location)  
(e) Foreign birth, how long in U.S.A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18th  
year 1940 hour \_\_\_\_\_ minute 9 a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Cardiac Infarction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations qub

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Joseph G. Eddy, Sr. (M. D. or other) \_\_\_\_\_

Address Deputy Registrar Date signed \_\_\_\_\_

**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.....

*Frank Ludwig*

Licensed Embalmer No.....

*2504*

P. O. Address.....

*6322 So Grand*

**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.**