

FILED AUG 5 1940
784

Registration District No. 111

Primary Registration District No. 111

Registrar's No. 1354

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5855 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Eleanor V. Eagar 260

8. (b) If veteran, name war _____ 3. (c) Social Security No. 488 09 4934

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased. Aug. 10 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 II 7 _____ hr. _____ min.

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

10. Usual occupation Stenographer 5
Standard Oil Co.

11. Industry or business _____

12. Name John Eagar 5

13. Birthplace Ireland

14. Maiden name Mary M. Carthy (State or foreign country)

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Cullinane

(b) Address 1710 W. Grand Bldg.

17. (a) Burial (b) Date thereof July 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director James J. Cullinane

(b) Address 1710 W. Grand Bldg.

19. (a) JUL 19 1940 (b) _____ (Registrar's signature)

(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1940 hour 8:10 minute P M.

21. I hereby certify that I attended the deceased from June 8 1940 to July 17 1940
that I last saw her alive on July 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma
Due to uterus
Due to with intestinal metastasis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Intestinal
Of operations Obturator
Of autopsy Confirmed above.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Charles J. Kelly (M. D. or other) _____
Address Carlton Kelly Date signed 7-18-40

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

MOTHER FATHER

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

Fred Frick

Licensed Embalmer No.

3186

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.