

FILED JAN 24 1942 791

Registration District No. 1842

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
En Route to City Hospital #1 3  
(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)

3. (a) PRINT FULL NAME James Melvin Eade  
3. (b) If veteran, name war No  
3. (c) Social Security No. 495-14-5467

4. Sex Male 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 alive \_\_\_\_\_ years  
7. Birth date of deceased April 30 1921  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Florescent Lamp Co

MOTHER FATHER {

12. Name John Eades  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Rogers  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant William O Eade  
(b) Address Sterling Illinois

17. (a) Removal (b) Date thereof December 21 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Illinois

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) Dec 21 1941 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

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. 4052 McPherson Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

No Physician in Attendance  
20. DATE OF DEATH: Month December day \_\_\_\_\_  
year 1941 hour 8:45 minute 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 Chronic Fibrous, adherent Pericarditis  
Due to Chronic Myocarditis

Due to W. M. A.

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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 James J. F. Higgins (M. D. or other) \_\_\_\_\_  
Address 1309 Delphi Ave Date signed \_\_\_\_\_

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

**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 J. Owens*.....

Licensed Embalmer No. *2245*

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, fact should be so stated above.**