

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15681  
Registrar's No. 1111

FILED MAY 25 1942  
Registration District No. 184

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (c) PRINT FULL NAME William Frank Eads

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Catherine Eads  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased 7 8 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	10	11	hr. min.

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

10. Usual occupation Nil (Farmer)

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

MOTHER FATHER {  
12. Name William Eads  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Humphrey  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catherine Eads  
(b) Address Van Cleve & Brewster

17. (a) Burial (b) Date thereof 5-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Out gone cem

18. (a) Signature of funeral director Daughman Brothers  
(b) Address Wellington

19. (a) MAY 22 1942 (b) (e & mc) Larran MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1942 hour 10:30 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5-12-42, 19\_\_\_\_, to 5-19-42, 19\_\_\_\_;  
that I last saw him alive on 5-19-42, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 24 hr.

Due to Myocardial Infarction

Due to 93

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

Major findings: Of operations \_\_\_\_\_

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

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 P. B. Watterott (M. D. or other) MD  
Address St. Louis County Hospital Date signed 5-19-42

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

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.

JUL 13 1942

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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.

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.**