

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13144
Registrar's No. 1651

FILED MAY 3 1943

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs.
5 hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County Wyandotte ⁹⁹⁹

(c) City or town KANSAS CITY ¹⁴
(If outside city or town limits, write "RURAL.") ⁰

(d) Street No. 100 S. 17th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ²

3. (a) PRINT FULL NAME Baby Girl Eden

3. (b) If veteran, name war no. 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race w 6. (a) Single, widowed, married, divorced inf.

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

7. Birth date of deceased 4 - 6 - 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 0 5 hr. 25 min.

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

10. Usual occupation infant.

11. Industry or business _____

12. Name Richard Devere Eden

13. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)

14. Maiden name Marquerite Bernice Peters

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

16. (a) Informant DORA EDEN

(b) Address 100 S. 17th St.

17. (a) Burial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke's Hospital

18. (a) Signature of funeral director Adair Schellernacht

(b) Address 1900 Central Ave. St. Louis

19. (a) 4-7-43 (b) H. H. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day sixth
year 1943 hour four minute 40 AM

21. I hereby certify that I attended the deceased from 4/6 1943 to 4/6 1943
that I last saw him alive on 4/6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Heart failure premature born

Due to _____ ¹⁰
¹⁰¹

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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) Where 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 Hugh Hamilton (M. D. or other) MD

Address 1107 Myrtle Bldg Date signed 4/6/43

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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 *Harold L. Esterma*

Licensed Embalmer No. *30295*

P. O. Address *Kansas City, 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.