V. S. No. 2
OM—9-4-41
Rev. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

318 003

19538

State File No.

FILED JUN 19 1943

Registration District No.

Primary Registration District No.

Registrar's No. 5415

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3457a Humphrey St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
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. 3457a Humphrey St.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

000
17
9
16

3. (a) PRINT FULL NAME William F. Eaves

3. (b) If veteran, name war --

3. (c) Social Security No. 488-09-5292

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Agatha Eaves

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 9, (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	0	2	hr. min.

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

10. Usual occupation Monsanto Chem. Co.

11. Industry or business

FATHER
12. Name John Eaves
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Agatha Eaves
(b) Address 3457a Humphrey St.

17. (a) Burial (b) Date thereof 6/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker Helderle Und. Co
(b) Address 3634 Gravois Avenue

19. (a) JUN 14 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Aug. 2, 1942
, 19 , to June 11, 1943, 19 ;
that I last saw him alive on June 10, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Duration 1- yr

Due to

Due to

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature Dolan Lawrence (M. D. or other)

Address 508 N. Grand Blvd. Date signed 6/12/43

(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 Frank J. Ryland

Licensed Embalmer No. 2645

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.