

FILED MAR 20 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2351**

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

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: Home to Home Phillips Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One Hour
(Specify whether years, months or days)
 In this community Four years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 000
 (c) City or town St Louis 9th
(If outside city or town limits, write "RURAL")
 (d) Street No. 2837 1/2 Chouteau
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ROBERT EASTWOOD
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 488-28489

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 7
 year 1944 hour 3:00 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.

4. Sex MALE 5. Color or race Col 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Chronic Myocarditis
Chronic Interstitial Nephritis
 Due to _____
 Duration _____

7. Birth date of deceased: NOV 28 - 1916
(Month) (Day) (Year)

Other conditions: 10/10
(Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 3 Days 8 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace: Jackson Tenn
(City, town or county) (State or foreign country)

Major findings: _____
 Of operations _____

10. Usual occupation: laborer

Of autopsy _____

11. Industry or business _____

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? _____

12. Name: Sam Eastwood
 13. Birthplace: Jackson Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name: Adeline Barnes
 15. Birthplace: Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Julia Parks
 (b) Address: 2837 1/2 Chouteau

17. (a) buried (b) Date thereof: 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: J. Watson
 (b) Address: 2769 Chouteau

19. (a) MAR 10 1944 (b) J. F. Bedeck
(Date of local registration) (Registrar's signature)

23. Signature: James F. Bedeck (M.D. or other)
 Address: 1320 E. 6th Date signed: 3/10/44

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *S. J. Watson*
Licensed Embalmer No. 2698
P. O. Address 2769 Chouteau

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.